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| **Details of person requesting support** | | | | |
| **Name** |  | **Role** |  | |
| **Agency/organisation** |  | | | |
| **E-mail address** |  | **Phone number** | |  |

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| **Before completing this form consider the need to obtain the family’s agreement to engage, where this is necessary ensure the family are aware of the privacy notice and agree with the content of this form** | | | | | | | | | | |
| **Family information** (please include other significant adults) | | | | | | | | | | |
| **First name** | **Last name** | **DOB/**  **EDD** | **Gender (M/F/ Un-known)** | **Relationship**  **e.g. mother, father, child, grandparent** | **Ethnic origin** | **Any declared diagnosed disability** | **NHS No.** | **Educational establishment** | | |
| **Name of school, setting or college** | **UPN** | **School attendance rate (%)** |
|  |  |  | *Choose an item.* |  | *Choose an item.* | *Choose an item.* |  |  |  |  |
|  |  |  | *Choose an item.* |  | *Choose an item.* | *Choose an item.* |  |  |  |  |
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| **Family contact details** | | | | | | |
| **House no/name** |  | **Street** |  | | **Town** |  |
| **District** |  | | | | **Postcode** |  |
| **Email address** |  | | | | **Phone numbers** |  |
|  |
| **Other family addresses (if any)** | | | **List family members living at this other address** | | |  |
| **House no/name** |  | **Street** |  | | **Town** |  |
| **District** |  | | | | **Postcode** |  |
| **Details of the request** | | | | | | |
| **Select the primary reason for the request for support** | | | | ***Click here to select from list*** | | |
| **Select the secondary reason for the request for support** | | | | ***Click here to select from list*** | | |
| **Please state your reasons for making this request, outlining the issues, concerns, identified risks and reasons why support is needed** | | | | | | |
|  | | | | | | |
| **Please outline any work that has been undertaken with the family/individual by key agencies including any successes** | | | | | | |
|  | | | | | | |
| **Family/child/young person’s views: What is the family/child/young person hoping to achieve from this request and what do they feel their strengths are?** | | | | | | |
|  | | | | | | |
| **What is the intended outcome of Early Help & Preventative Services intervention?** | | | | | | |
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| **Are you aware of any issues regarding worker safety that should be taken into account when planning a response (including issues with behaviour)?** | | | | | | |
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| **Additional Information: Details of other agencies/practitioners involved with the family (e.g. GP)** | | | | | |
| **Practitioner Name** | **Job role** | **Team/ Organisation** | **Supporting which family member** | **Contact details *(work e-mail and phone number)*** | **If assessment has been undertaken please supply details and dates** |
|  | GP |  |  |  |  |
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| **Family agreement to engage with services** | |
| The parent’s agreement to engage with Kent’s children’s services teams should be sought before discussing a request for support about them with other agencies, unless this may itself place a child at risk of significant harm. A completed copy of this form should be shared with the family and the family should be aware that this request for support form will be used to determine the most appropriate advice and support for their family, and for the planning and evaluation of this support. For more information about how your information is stored and shared please see: [www.kent.gov.uk/privacy](https://www.kent.gov.uk/privacy) | |
| **Name of person agreeing to engage** | **Date agreement given:** |
| **Confirmation of consent to register for Open Access Children’s Centre/Youth Hub**  The parent /carer agrees that this form will be used to register the family at their local Open Access Children’s Centre/Youth Hub, so that additional Early Help support can be accessed easily  The parent /carer agrees to be sent information about activities and services offered at their local Open Access Children’s Centre/Youth Hub that might be of interest to them | |
| **How information is used**  Information will be shared between practitioners working with the family, where necessary which may include social workers, family support workers, youth workers, teaches, pastoral support workers, health visitors, housing providers, Police, school nurses, doctors and mental health workers  This information will be recorded and stored electronically on the Specialist Children’s Services and Early Help case management systems and will be accessible when and if required.  If onward referrals are made to provide more appropriate support the family, information will be stored according to the receiving agency’s information storage policy. | |

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| **Notifier Checks** | | | |
| **The family have been given a copy of this form** | Yes | No | If no explain why: |
| **The family are aware of the privacy notice and understand how their data is recorded, stored and shared. See** [**www.kent.gov.uk/privacy**](http://www.kent.gov.uk/privacy) | Yes | No | If no explain why: |

**This notification must be sent to Early Help and Preventative Services via the secure Notification Upload Tool. This can be accessed via our Early Help Toolkit page at:** [**www.kelsi.org.uk/earlyhelp**](http://www.kelsi.org.uk/earlyhelp)