

**Children’s Centre Early Help & Support
Request for Service (from antenatal up to age 9)**

**PLEASE NOTE:**

**All sections of this form must be completed for the request to be considered.**

**Child’s details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** | **First Name** | **Male/Female** | **DOB** |
|  |  |  |  |
| **Home Address** |
|  |

**Other family members**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Surname** | **First name**  | **DOB / EDD** | **Relationship** | **Contact number** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |   |  |  |  |

**Has an assessment already been completed for this child?** *Please tick and submit with this form:*

|  |  |
| --- | --- |
| Single Assessment YES 🞎 NO 🞎 | Early Help Assessment YES 🞎 NO 🞎 |

**Is there a current plan for the child / family? If so, what type of plan?** *Please submit with this form*

|  |
| --- |
|  |

**What services are currently involved with the child / family?**

|  |  |  |  |
| --- | --- | --- | --- |
| Service area | Name of practitioner | Role | Contact details |
| Health |  |  |  |
| Social Care |  |  |  |
| Education |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Area of support requested**

|  |
| --- |
| ***What are you worried about or need help with?***  |
| ***Describe what the worry looks like and the impact on the child?*** |
| ***What has already been done / tried to address the worry?*** |

**How we use your data**

*By completing this form you are registering with East Riding of Yorkshire Council’s Children’s Centres. This enables you to access the services we offer to children and families. Your information will be stored and shared in accordance with the Data Protection Act 2018 and the General Data Protection Regulation (GDPR). A copy of our privacy notice will be provided to you at the time of registration or you can find a copy here:* ***www.eastriding.gov.uk/council/governance-and-spending/how-we-use-your-information/find-privacy-information/privacy-notice-for-childrens-centres/***

**Declaration**

*I understand that the information I have given about myself and any other individuals will be held and processed by East Riding of Yorkshire Council and it is my responsibility to make the other adults listed on this form aware that their details have been provided.*

|  |
| --- |
| **Person giving parental consent** |
| **Print name** | **SIGNATURE** | **Relationship to child** | **Date** |
|  |  |  |  |
| **Referrer who has gained verbal consent from the parent named in the box above:** |
| **Print name** | **SIGNATURE** | **Role/agency** | **Date** |
|  |  |  |  |
| **Address** | **Telephone** |
|  |  |