Hertfordshire

Service Request Form

Children and young people

Hertfordshire

Service Request Form

**This form should be used when a child or young person has a need which requires a response from one agency only. For multiple needs consider a CAF.**

For child protection referrals use the Hertfordshire

Child Protection Referral Form or ring **0300 123 4043**

|  |  |
| --- | --- |
| **What service are you requesting? \*** |  |
| **What is the reason for your request? \*** |  |
| **What are the desired outcomes for the child/ young person/family? \*** |  |

**\* Please use the space provided on page 4 of this form if you need to add further information.**

**Child / young person / unborn baby details**

**Forename(s):**

For unborn baby insert “UBB”

**Date of birth / EDD:**

D D M M Y Y

**Surname:**

For unborn baby insert mother’s surname

**Current address:**

Postcode:

**Add home address if different:**

Postcode:

**Childs first language:**

write N/A if pre-verbal

**Reference number:**

(e.g. NHS Number, Unique Pupil Number)

**Name, address and contact details of GP:**

Postcode:

**Gender:** Male Female Unknown

**Disability:** No Yes Please supply details

**Religion: Ethnicity:**

**Name, address and contact details of health visitor/school nurse:**

Postcode:

**Name of early years setting/school/college and contact person:**

**September 2013**

**Parent/carer details**

**Please give names of child’s primary carer(s) and their relationship to the child/young person**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name | Address(if different from the child) | DOB | Gender | ParentalResponsibility |
|  | Postcode: Tel: | DD/MM/YY | M F | Yes No Unknown |
|  | Postcode: Tel: | DD/MM/YY | M F | Yes No Unknown |

**Do the parent/carer(s) have a disability?**

No Yes please give details

**First language:**

**Is an interpreter /signer required?** Yes No

**Family composition/significant others**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name | Address, Postcode, and Tel | DOBif known | Relationship to child/ren named overleaf | Gender |
|  |  | DD/MM/YY |  | M F |
|  |  | DD/MM/YY |  | M F |
|  |  | DD/MM/YY |  | M F |
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|  |  | DD/MM/YY |  | M F |
|  |  | DD/MM/YY |  | M F |

|  |  |
| --- | --- |
|  | What other services are involved with this child/young person/family e.g. adult services, CAMHS etc, If known. |
|  | Name of Professional and Organisation | Address, Postcode, and Tel | Brief description of work undertaken or ongoing support |  |
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AdditionalInformation- Please use this box to provide additionalrelevant information to support your request when contacting Children's Services.

|  |  |
| --- | --- |
| Name of person making/ completing this Service Request Form (full name and agency/ service must be entered) |  |
| Contact Details (include email address and contact number) |  |
| Date form completed and sent |  |

Consent and Information Sharing Statement

Parental consent is required to enable information sharing with the identified service. Young people should be aware of the request for a service and asked for their consent. You will need to make a professional judgment about the young person’s understanding of giving consent

• I have had the reasons for this service request explained to me, I understand the reasons for the request and understand that my information will be shared with the identified service as part of this request.

• I agree to the request and give consent for the named service to work with my child (or me as the named young person).

• I give consent for the sharing of information to the above named service.

• I give consent to the sharing of additional information attached to the above named service.

I understand that the information contained in this form will be recorded on a Hertfordshire County Council case management system and others services may be able to see the content on this form and paper copies will be securely stored.

|  |
| --- |
| Parent/Carer – I consent to this request: Name |
| Date | Signature |
| Young Person – I consent to this request: Name |
| Date | Signature |
| If consent has not been obtained, please give reason |

|  |  |  |
| --- | --- | --- |
| **Service / Area / District** | **Address** | **Email** |
| **Safeguarding and****Child Protection** | Customer ServiceCentrePO Box 153StevenageSG1 2GH | GCSX users –protectedreferrals.cs@herts.gcsx.gov.uk(The above is a secure email address and can only be used by GCSX users)Non GCSX users –protectedreferrals.cs@hertfordshire.gov.uk |
| **Disabled Children’s****Services (Social Care)** |
| **Targeted Youth****Support** |
| **Thriving Families** |
| **Targeted Advice****Service** |
| **Young Carers** |
| **Integrated Services for Learning (ISL)**Please identify on page 1 which of the teams the request is for:Access to Education for Refugees and Travellers, Behaviour and Attendance, Central Attendance and Employment Support, Communication Disorders, Early Years SEND, Educational Psychology, Education Support Centre (ESC), Education Support Team for Medical Absence (ESTMA), Sensory/ Physical Needs |
| **Please note that a parental signature must be included on all requests** |
| **North Herts and****Stevenage** | SFAR600Farnham House Six Hills Way StevenageHertsSG1 2FQ | NH&STEV.ISLTEAM@HERTSCC.GOV.UK |
| **East Herts and****Broxbourne** | CHN600County Hall Pegs Lane Hertford HertsSG13 8DQ | EH&BROX.ISLTEAM@HERTFORDSHIRE.GOV.UK |
| **Welwyn/Hatfield and****Hertsmere** | MU204 2nd Floor The Mundalls WGCHertsAL7 1FT | WHH.ISLTEAM@HERTFORDSHIRE.GOV.UK |
| **St Albans and****Dacorum** | AP2600Apsley Two Brindley Way Hemel Hempstead HertsHP3 9BF | STA&DAC.ISLTEAM@HERTFORDSHIRE.GOV.UK |
| **Watford, 3 Rivers, Bushey and Radlett** | AP2600Apsley Two, Brindley Way, Hemel Hempstead,Hertfordshire | WAT&3RIV.ISLTEAM@HERTFORDSHIRE.GOV.UK |