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| **Request for Assistance** |
| **Agency details**(the agency completing the Request for Assistance) | **Name:**    |
| **Address:**      | **Agency and Designation:**     |
| **Tel No:** 01698 366035 |
| **Email:** ccnteam@lanarkshire.scot.nhs.uk |
| **Fax:**       |
| **Child for whom you are requesting assistance** |
| **Name:** (including Forename and Surname)      | **Home Address:**   | **Current Address:**      | **DOB:**       |
| **Unique Identifier:**       |
| **CHI:**       |
| **SEEMIS:**       |
| **SWIS:**       |
| **Name of Establishment attended:**       | **Contact Person:**      | **Person’s Contact Details:**    |
| **Is this child/young person looked after or looked after and accommodated?** |       |
| **Please advise of any communication needs, e.g. English as an additional language/hearing impairment** |       |
| **Family Details** |
| **Parent 1** | **Name:**      | **Address:**      | **Unique Identifier:**       |
| **DOB:**       |
| **Parent 2** | **Name:**      | **Address:**      | **Unique Identifier:**       |
| **DOB:**       |
| **Other Carer 1** | **Name:**   | **Address:**      | **Unique Identifier:**       |
| **DOB:**       |
| **Other Carer 2** | **Name:**      | **Address:**      | **Unique Identifier:**       |
| **DOB:**       |

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| **Please advise which service/agency or professional you are requesting assistance from and give details of your specific request.** |
|       |
| **If you are aware of any previous requests for assistance, please provide details below and any outcomes you are aware of.** |
|       |
| **Summarise your current concerns, including child’s views and parents’ views, if known, and any other information relating to child’s circumstances. (Attach any single agency assessment/plans/chronologies)** |
|       |
| **What are the family, you or your agency currently doing to support this child?** |
|       |
| **Are you aware of actions from any other agency, being taken to support child/family currently, or in the past?** |
|       |
| **What do you consider another professional can do to help the child’s wellbeing?** |
|       |

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| **What difference to the child’s well-being is the practitioner (requesting assistance) hoping to achieve? In addition to these short term outcomes please describe long term outcomes.** |
|       |
| **Has informed consent been given to share information with other agencies? This relates to the Lanarkshire Information Sharing Protocol and consent form.** | **[ ]  Yes**  |
|  | **[ ]  No** |
| **Is the Named Person aware of the Request for Assistance?**  | **[ ]  Yes** | **[ ]  No** |
| **Is the Lead Professional aware of Request for Assistance (where applicable)?** | **[ ]  Yes** | **[ ]  No** |
| **Named Person details** | **Name:**      |
|  | **Address:**      |
|  | **Agency and Designation:**      |
|  | **Tel No:**      |
|  | **Email:**      |
|  | **Fax:**      |
| **Lead Professional details** | **Name:**      |
|  | **Address:**      |
|  | **Agency and Designation:**      |
|  | **Tel No:**      |
|  | **Email:**      |
|  | **Fax:**      |
| **Date form completed:** |       |