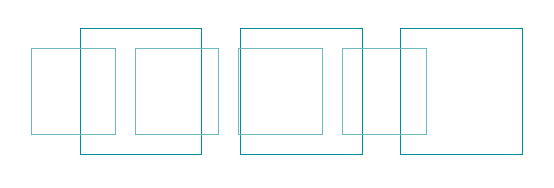
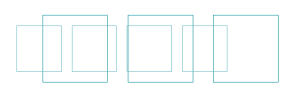


**Request for Assistance**







**Request for Assistance**

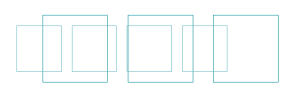
|  |  |
| --- | --- |
| **Child’s name:** |  |
| **Unique Identifier:** |  |

|  |  |  |
| --- | --- | --- |
| **Is this Request for Assistance related to Child Protection?** |  |  |
| **If yes, date on which you made the referral regarding Child Protection:** | |  |

|  |
| --- |
| **Request for Assistance to:** |
|  |

|  |  |  |
| --- | --- | --- |
| **Date of any phone call to seek advice prior to completing** | **Date and time form completed** | **Name of Practitioner and Service Requesting Assistance** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Is the Named Person aware of the Request for Assistance?** |  |  |
| **Has the child/parent been advised that information will be shared?** *Tick YES box only if communication has taken place* |  |  |
| **Has informed consent been given to share information with other agencies?** *This relates to the Inverclyde information sharing protocol and consent form* |  |  |
| ***From child/young person*** |  |  |
| **From Parent/Carer 1** |  |  |
| ***From Parent/Carer 2*** |  |  |
| **Decision to share information without consent** |  |  |
| **If you were unable to gain consent, are unsure whether consent is informed or no consent was given please provide details.** | | |
|  | | |



|  |
| --- |
| **Summarise your current concern(s) including the child/young person, parent/carer views. Specify any other relevant contextual factors relating to the family which are not provided elsewhere** *(any Single Agency or Integrated Assessment/Plans/Chronologies should be attached)* |
|  |

|  |  |
| --- | --- |
| **What are you or your agency currently doing to support this child/young person?** | **Are you aware of concerns or actions being taken to support this child/young person by any other agency?** |
|  |  |

|  |
| --- |
| **What are the desired outcome(s) for this child/young person of this request for assistance and what do you see as the next steps to achieve long-term outcomes?** |
|  |

|  |  |
| --- | --- |
| **What is the best way to make contact with you about this request for assistance?** *(Please include any practical issues that need to be taken into account to enable you to work with other agencies)* | |
|  | |
| **Named Person including contact details** | **Lead Professional including contact details** |
|  |  |