|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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:** |  | | |