Request for Assistance

Agency details (the agency completing the Request for Assistance)	**Name:**		
	Address:		**Agency and Designation:**
			Tel No:
			Email:
			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:
			Tel No:
			Email:
Parent 2	**Name:**	**Address:**	**Unique Identifier:**
			DOB:
			Tel No:
			Email:
Other Carer 1	**Name:**	**Address:**	**Unique Identifier:**
			DOB:
			Tel No:
			Email:
Other Carer 2	**Name:**	**Address:**	**Unique Identifier:**
			DOB:
			Tel No:
			Email:

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?

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:			