

# GOLDEN HILL INCLUSION SUPPORT TEAM (GHIST)



## GHIST Parental Support Request form 2026- 2027

<b>Parent(s) Name(s):</b>	
<b>Address:</b>	<b>Email Address:</b>
<b>Contact Number:</b>	<b>School year &amp; ages of child/children:</b>
<b>School Name:</b>	
<b>School Number:</b>	
<b>School address:</b>	
<b>Name of referrer:</b>	<b>Contact number of referrer:</b>
<b>School Contact name: (If different from referrer)</b>	<b>Contact number:</b>
<b>Email:</b>	
<b>Date of referral request:</b>	
<b>Reasons for requesting support:</b>	
<b>Any other agencies involved?</b>	
<b>Any other relevant information we need to know?</b>	
<b>What are you hoping to gain as a result of GHIST parental support?</b>	
<b>Mainstream school:</b>	

**The completed request for support form should be submitted as a WORD DOCUMENT**

**The final page below should be signed by the Head Teacher, using a wet signature, scanned and forwarded along with the rest of the referral form.**

**In submitting this request, I am agreeing to being charged for an initial school visit being held between GHIST and ourselves and other relevant school staff if appropriate to discuss what support is needed and next steps.**

- **Costings: £95 an hour**
- **Bespoke support and hours needed are agreed and costed with the school at the initial meeting.**

**Head Teacher signature (please ensure this is a wet signature):**

**Date:**

Please email completed request to

[ghist@goldenhill.lancs.sch.uk](mailto:ghist@goldenhill.lancs.sch.uk)

