REQUEST FOR SUPPORT FOR A SCHOOL-AGED CHILD / YOUNG PERSON

Please return form to [dhc.snadmin.hub@nhs.net](mailto:dhc.snadmin.hub@nhs.net)

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| Child/young person’s name: | Is the child/young person Yes:  attending school? No:  If yes, School attended:  If not in school, please give reason: |
| DOB: |
| Home Address: |
| GP:  NHS No if known: | Year group:  Class / tutor group: |
| Is the child/young person and parent/carer aware of the request for support?:  Yes:  No:  Parental/carer consent given by: (name)  Parent/carer contact telephone number:  Child/young person consent given by:  *Consent from parent/carer is always required for children in year groups R – 6 inclusive* | |
| Reason for Request for Support *(please provide ALL relevant information. Continue on a separate sheet if necessary):* | |
| What interventions have already been tried?: | |
| What would you like the support from our service to achieve? | |
| Does the child/young person have an Education, Health and Care Plan?  Yes:  No:  If yes, please give reason: | |
| Does the child/young person have any additional education or health needs?  Yes:  No:  If yes, please give details: | |
| Other agencies involved (please list all agencies): | |
| |  |  | | --- | --- | | Support requested by:  Relationship to child: | Date of Request for Support: | | Requester’s contact details: | | |