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

Please return form to 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): |
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| Support requested by:Relationship to child: | Date of Request for Support: |
| Requester’s contact details: |

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