



Request for Service (FSA)

Please ensure that this form is completed – forms with insufficient information will be returned

Date:	School: CLASS TEACHER:	Name of Requester:
Child's name:	D.O.B.	Gender:
GP:	Disability?	Ethnicity:
Reason for Request for Service: <input type="checkbox"/> Challenging Behaviour <input type="checkbox"/> Mental Health <input type="checkbox"/> Family Break-up <input type="checkbox"/> Home/School Relationship <input type="checkbox"/> Parenting Skills <input type="checkbox"/> Housing <input type="checkbox"/> Financial <input type="checkbox"/> Other:		Further Details re Reason for Request
Parents Details: Mother: Address: Telephone Numbers: Parental Responsibility: YES/NO	Parents Details: Father: Address: Telephone Numbers: Parental Responsibility: YES/NO	The child usually lives with mother/father/carer Alternative Address: Telephone Number: Legal Responsibility: YES/NO
Any further details (best way to contact, any known DV, workers safety etc):		
Is an interpreter needed? Yes/No	Do written materials need to be translated? Yes/No	What language is spoken or understood by the family?
Other people important to the child, including siblings:		
Name	Relationship	School Attended

Other agencies involved:	
Agency	Contact if known:

Children, Young People and Families Service Consent Form

Child/Young Person's Name:	D.O.B: / /
Parent/Carers Name:	NHS No:

From our work with you, we will hold the following information about you and your family:

Name:	Address:	Telephone No:
Date of Birth:	Ethnicity:	Education:
Meetings:		
Outcomes:		
Health details:	Other: Please specify:	
Assessment:		

Your worker would like your permission to share with and/or gather information from other service areas within the council, and with external service providers as appropriate to meet your needs.

Are there any services that you do not wish us to contact:

No: <input type="checkbox"/>	Yes: Please specify:
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Using your Personal Information

The information you provide will be held on our database to help monitor the service we provide. We share and or gather information from private and voluntary organisations who may be involved in working with you and your family.



Please note the only reason that information will be passed on without your consent is if there is a legal requirement to do so, or if there is a risk of serious harm or threat to life.

Under the Data Protection Act you can see your own personal information. If you would like to know more about this, please ask for our leaflet 'Access to your personal information'. Or contact the Data Protection Officer at Swindon Borough Council, Civic Offices, Euclid Street, Swindon SN1 2JH

Further information at <http://www.swindon.gov.uk/cd/cd-dataprotection/Pages/cd-dataprotection.aspx>

Signed to give your consent

I understand & agree to sharing of information as shown above.

Signed <i>(Young Person/parent/carer)</i>	Signed <i>(worker)</i>
Date: / /	Date: / /