

Reason for Request/ Info to be shared – delete as appropriate- Please note, if you feel that a child or young person has been harmed or abused or is at risk of harm or abuse, that you must follow your local safeguarding children board (LSCB) procedure immediately

What Services/support are currently being offered or have been offered in the past?

Support currently in place

Previous interventions

Please tell us if the child/young person/family has any needs that we should be aware of

Consent – Best practice is for the form to be signed by the person giving consent – if this is not possible due to this being processed electronically please indicate on the form that consent has been given by the person for the referral

Consent obtained for referral /information sharing if being shared electronically Yes NO

I agree with this referral /sharing of information with the Children and Families Health Team

..... Date
I am the *Young Person/Parent/Guardian

If signed by Parent/Guardian: Is the Young Person aware of this referral?

If signed by the Young Person: Is the Parent/Guardian aware of this referral? Yes NO

Referrer's Signature..... Date

Referrer's Details

Name:	Job Title:	Agency/School:
Contact Details Phone:	Email:	Address:

Details for sending referral:

Secure email referral to all of the following admin/staff members:

VCL.019.SinglePointofAccess@nhs.net