

Request for Family Support

Our Family Support team can meet with you to discuss different ways we can help you and your family. If this would be of use, please complete and return this form giving as much information as you can.

Child's Name:	DOB:
Child's Teacher:	School:
Does the child have any additional needs?	
Who do they live with?	
Name of person completing the form:	
Who would like to meet the FSA? (e.g. Mum, Dad, both)	
How you like us to contact you?: (please give best contact number/email address)	
Are there any other professionals working with your family? (e.g. social worker, health visitor etc.) Could you give us their details?	
Who else is important to your child? (e.g. siblings, family members)	
Is there anything else we need to know? (e.g. any additional needs or information affecting yours or the worker's safety?)	
<p>What would you like support or advice for?</p> <p><input type="checkbox"/> Challenging Behaviour</p> <p><input type="checkbox"/> TAC/Early Help required</p> <p><input type="checkbox"/> Mental Health</p> <p><input type="checkbox"/> Family Break-up</p> <p><input type="checkbox"/> Home/School Relationship</p> <p><input type="checkbox"/> Parenting Skills</p> <p><input type="checkbox"/> Housing/Finances</p> <p><input type="checkbox"/> Help with routines/food/sleep etc.</p> <p><input type="checkbox"/> Other:</p>	Please give us a little more detail:
What is your first language?	Would you require an interpreter?

Children, Young People and Families Service Consent Form

This section give us consent to contact you and to share you information with other professionals we may seek support from on yours or your child's behalf. Where possible we would usually verbally ask for permission for this as well.

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:		
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:

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>

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

Signed (Young Person/parent/carer)	Signed (worker)
Date: / /	Date: / /