

Children’s Centre request for family support

This form does not replace the Early Help Assessment (EHA) and should only be completed if the criteria for an EHA are not met.

Is there an EHA in place Yes/No

Reason EHA has not been completed:

Contact the children’s centre **before** completing this form.

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| --- | --- |
| Family Name  Address  Post Code | MUM DOB  DAD DOB  CHILD DOB  CHILD DOB  CHILD DOB  CHILD DOB |
| Home Phone Number  Mobile Number Mum  Mobile Number Dad  Email address Mum:  Email address Dad : | First language:  Other languages spoken:  Information about the location, surroundings, pets any potential risks  Is there anyone with parental responsibility out of work? |
| Referrer Name :  Referrer Agency  Referrer Address  Postcode:  Contact number: | Agency of referrer:  For Health use only: please tick  antenatal contact New birth visit 8 week contact 1 year contact 27 month review    Community  Universal  Universal plus  Universal Partnership plus |
| Reason for referral: | |
| Other known services involved with the family: e.g. childminder, pre-school, social care, health visitor. | |
| Support required: Please state if this is a joint visit request | |
| Expected outcomes: | |

Signed parent...............................................................Date.....................

Signed referrer..............................................................Date......................

**Data Protection Act 1998** ....... Children’s Centre (the ‘Centre’) respects your privacy rights and is committed to ensuring that it protects your details, the information about your dealings with the Centre and other information available to the Centre (‘your information’). In accordance with the Data Protection Act 1998, the Centre will use your information, for the purpose of providing support to children, to (a) deal with your requests and administer its functions, (b) meet its statutory obligations, and (c) prevent and detect fraud. The Centre may share your information (but only with the minimum amount of information necessary to do the above and only where it is lawful to do so) with appropriate departments and agencies in accordance with the Multi Agency Information Sharing Protocol (MAISP). Further details, including a copy of the MAISP can found at [www.surreycc.gov.uk](http://www.surreycc.gov.uk)

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| --- | --- | --- |
| Date of first contact | Outcomes achieved | Date support completed |
|  | YES NO PARTIALLY |  |