**Royal Borough of Kensington and CHelsea**

**Early Help – Request for support**

**(Family Support, Children’s centres, TARGETED Play)**

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| The Early Help Service needs consent from the responsible person for the referred child, to enable us to provide support. Has consent been given in accordance with the Privacy Notice (please see last page)? **Yes/No** **Please ensure that you fully complete all parts of the form.**  |

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| Family Details |  |  |
| **Name of parent/carer**  | Name: | Male/Female | DOB: / / |
| Relationship |  | Ethnicity\* |  |
|  |
| **Name of parent/carer** | Name: | Male/Female | DOB: / / |
| Relationship |  | Ethnicity\* |  |
|  |
| **Child details (1)** | Name: | Male/Female | DOB: / / |
| Relationship |  | Ethnicity\* |  |
| School/nursery/**UPN** |  |
|  |
| **Child details (2)** | Name: | Male/Female | DOB: / / |
| Relationship |  | Ethnicity\* |  |
| School/nursery/**UPN** |  |
|  |
| **Child details (3)** | Name: | Male/Female | DOB: / / |
| Relationship |  | Ethnicity\* |  |
| School/nursery/**UPN** |  |
|  |
| **Child details (4)** | Name: | Male/Female | DOB: / / |
| Relationship |  | Ethnicity\* |  |
| School/nursery/**UPN** |  |
|  |
| **Child details (5)** | **Name:** | Male/Female | DOB: / / |
| Relationship |  | Ethnicity\* |  |
| School/nursery/**UPN** |  |
|  |
| **Address and****postcode** |   | **Telephone****/Mobile** |  |
| **First language** |  | **Interpreter required** |  Yes/No |

**Ethnicity options(\*)**

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| --- | --- | --- | --- | --- |
| **Asian or Asian British** | **Black or Black British** | **Mixed** | **White** | **Other ethnic groups** |
| IndianPakistaniBangladesh | CaribbeanAfricanAny other black background | White and Black CaribbeanWhite and Black AfricanWhite and Asian | White BritishWhite IrishOther | Chinese No InformationOther (specify)User Refused |

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| **Referrer’s Details**  |
| **Name** |  |
| **Service (if applicable)** |  |
| **Role** |  |
| **Address** |  |
| **Tel. No.** |  |
| **E-mail:** |  |
| **Date of completion** |  |

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| Request for support: please provide a brief analysis.  |
| **Please state if Child/Young Person is on the SEN Plus register or has an EHCP or Not known’ to SEN.****Please add any additional information below.** **Please state any services already involved. What support has already been provided?****What is the reason for this referral?****What support do you think the family might need?**e.g. options could include a range of services (and not limited to): Targeted play: please state which play centre, duration required and during what holiday period. Family support: Parenting support, helping with problems, supporting children and young people. Children’s centres: Support and activities for parents with children under five.**What are the desired outcomes?****(please continue to type, if you need to continue, the box will grow larger as you type)** |

**Consent Details**

The Early Help department (consisting of services for Family Support, Children’s Centres and Play) is referred to as the Early Help Service.

Please ensure that the primary carer(s) and/or young person are aware of Privacy Notice and how their information will be used. The Early Help Service will conduct checks as necessary.

**Consent Details for School Attendance Referrals**

If you are referring for attendance reasons although we do not need parental consent it is still best practice to seek consent and if it is not given, inform the parent/guardian that you will need to refer to the Early Help Service. We will then work with you to try and engage the parent/carer and pupil in appropriate support to increase attendance.

**Privacy Notice**

The information you have provided will only be used by the Early Help Service to help assess the support being provided, so that as a service we can effectively bring about the positive changes for you and your family. Your information will only be used for the intended purpose and shared with your consent with the services mentioned below. We will not collect any additional information about you or your family without asking. Whilst we are working together it may be useful for us to share your information or involve other agencies in your care, we will continue to ask your permission to share your information for this reason. However, the only exceptions to this would be to use your information for another purpose, which may include:

* If the council has a legal duty to do so, to provide a complete service to you
* If there is a risk of serious harm or threat to life
* If your child is not attending school regularly

**If you have any questions regarding your Data Protection rights, such as accessing your personal information, etc. Or if you have a concern over the handling of your information. You can email the Council’s Information Management Team:** dataprotection@rbkc.gov.uk

**Please return the form to the Early Help department via email to** **earlyhelp@rbkc.gov.uk** **or you can post it to;**

**Early Help Service 2-4 Malton Road, London, W10 5UP**

For office use only

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| **Decisions**  |
| **Allocated Service** |  |
| **Named contact for allocated service** |  |
| **Comments** |  |
| **Date** |  |
| **Next step(s)** |  |
| **Allocated CAMHS Worker**  |  |