Hertfordshire Service Request Form

Children and young people

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This form should be used when a child or young person has a need which requires a response from one agency only. For multiple needs consider a Families First Assessment.

For child protection referrals use the **Hertfordshire Child Protection Referral Form** or ring **0300 123 4043**

What service are you requesting? *	North Herts Primary Support Service (return your completed and signed form securely to supportservices@nhf.school)
What is the reason for your request? *	
What are the desired outcomes for the child/ young person/family? *	

**** Please use the space provided on page 4 of this form if you need to add further information.***

Child / young person / unborn baby details

Forename(s):
For unborn baby insert "UBB"

Date of birth / EDD: D D / M M / Y Y

Surname:
For unborn baby insert mother's surname

Gender: Male ☐ Female ☐ Unknown ☐

Current address:

Postcode:

Disability: No ☐ Yes ☐ Please supply details

Religion:

Ethnicity:

Add home address if different:

Postcode:

Name, address and contact details of health visitor/school nurse:

Postcode:

Childs first language:
write N/A if pre-verbal

Reference number:
(e.g. NHS Number, Unique Pupil Number)

Name, address and contact details of GP:

Postcode:

Name of early years setting/school/college and contact person:

Parent/carer details

Please give names of child's primary carer(s) and their relationship to the child/young person

Full name	Address (if different from the child)	DOB	Gender	Parental Responsibility
	Postcode: Tel:	DD/MM/YY	M ☐ F ☐	Yes ☐ No ☐ Unknown ☐
	Postcode: Tel:	DD/MM/YY	M ☐ F ☐	Yes ☐ No ☐ Unknown ☐

Do the parent/carer(s) have a disability?

No ☐ Yes ☐ please give details

First language:

Is an interpreter /signer required? Yes ☐ No ☐

Family composition/significant others

Full name	Address, Postcode, and Tel	DOB if known	Relationship to child/ren named overleaf	Gender
		DD/MM/YY		M ☐ F ☐
		DD/MM/YY		M ☐ F ☐
		DD/MM/YY		M ☐ F ☐
		DD/MM/YY		M ☐ F ☐
		DD/MM/YY		M ☐ F ☐
		DD/MM/YY		M ☐ F ☐
		DD/MM/YY		M ☐ F ☐

What other services are involved with this child/young person/family e.g. adult services, CAMHS etc, If known.

Name of Professional and Organisation	Address, Postcode, and Tel	Brief description of work undertaken or ongoing support

Additional Information – Please use this box to provide additional relevant information to support your request when contacting Children's Services.

Name of person making/ completing this Service Request Form (full name and agency/ service must be entered)	
Contact Details (include email address and contact number)	
Date form completed and sent	

Consent and Information Sharing Statement
Parental consent is required to enable information sharing with the identified service. Young people should be aware of the request for a service and asked for their consent. You will need to make a professional judgment about the young person's understanding of giving consent

- I have had the reasons for this service request explained to me, I understand the reasons for the request and understand that my information will be shared with the identified service as part of this request.
- I agree to the request and give consent for the named service to work with my child (or me as the named young person).
- I give consent for the sharing of information to the above named service.
- I give consent to the sharing of additional information attached to the above named service.

☐ I understand that the information contained in this form will be recorded on a Hertfordshire County Council case management system and others services may be able to see the content on this form and paper copies will be securely stored.

Parent/Carer – I consent to this request: Name	
Date	Signature
Young Person – I consent to this request: Name	
Date	Signature
If consent has not been obtained, please give reason	