

Request for Service Form

Islington Children's Services, Disabled Children's Service and Young People's Social, Emotional and Mental Health

- Submit **non-urgent** referrals using this form. **Leave blank** any parts not known.
- Submit **urgent child protection referrals** by calling 020 7527 7400 first and then submit this form.
- If you don't know if you should make a referral or if it is urgent, call 020 7527 7400 for a **"no names" consultation** with a social worker.

Part A

1. About the child/young person you are requesting service for

	Name:	Date of birth:	Gender:	Ethnicity:	School:
Child/Young person:					
Known Siblings:					

Address:	
Is this address confidential?	<input type="checkbox"/> Yes
Other addresses:	
Is this address confidential?	<input type="checkbox"/> Yes

2. About the parents or carers of the child/young person

Parent/Carer name:	Date of birth:	Contact telephone number:	Email address:

3. Contacting the parents or carers

Is there anything we need to know before contacting parents/carers? e.g. needs interpreter, suspected domestic abuse or violence:	
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4. About the child's GP: mandatory for SEMH referrals

GP Name:	
GP Practice address:	
Contact number:	
NHS Number (if known):	

5. Other information

Is there another 'Lead Professional' working with the child/family?	
If yes , please provide a name, contact telephone number and email address:	
Does the child have an Education and Health Care Plan (EHCP)?	
Does the child have a diagnosis of a disability ? If yes, please provide details:	

6. About you

Name:	
Agency:	
Role:	
Contact telephone number:	
Email address:	

Part B

7. Which service are you requesting?

Refer to www.islington.gov.uk/fis for information about services.

Name of service	Mark 'X'
Children's Social Care	
Disabled Children's Team [including Special Educational Needs and Disabilities (SEND) or Education and Health Care Plan (EHCP)]	
Social, Emotional and Mental Health (SEMH) or CAMHS	
Bright Start Family Support	
Targeted Youth Support	
Other	
Do not know	

More information

If 'Other' please state:	
How did you hear about this service?	

8. Informing the family about your referral

- You **should seek consent** from the family before making a request for service.
- You **do not need consent** to share information with us if your request is about **safeguarding** or the **welfare of a child**.
- You **should** inform the family that you have made a referral and that we may contact them.
- You **should not** inform the family if it could endanger the child or prejudice a criminal investigation.

Have you informed the child/young person, parent or carer that you have made a referral to us?	<input type="checkbox"/> Yes , I have informed the child/young person <input type="checkbox"/> Yes , I have informed the parent/carers
What are the family's views on this request for support?	
If any family member has not agreed to the referral being made what is their reason:	
If you have not discussed this referral with the parent/carers (or child/young person) state why:	

9. Background

<p>What is the reason for your referral? Please include presenting needs and context:</p>	
<p>Describe any current or previous support Include details of anything already planned or implemented and their outcomes:</p>	
<p>What support and outcomes are you seeking for this family?</p>	



10. Privacy Statement – how we will handle the information you share

You are making a referral to a multi-agency front door and we may share information in this form with our partners including the Police to ensure we provide the right service to the child, young person or family. We do this in accordance with our statutory duties under the Children’s Act 2004. We will handle the information you have provided in line with the provisions and requirements of the General Data Protection Regulation and the Data Protection Act 2018. We hold all personal information in confidence with only the necessary people able to see or use it. Full details on how Islington processes information is available at www.islington.gov.uk/privacy.

11. Signed declaration

I declare that the information I have provided is accurate to the best of my knowledge and I understand my obligations around consent and how Islington Council will handle the information I have provided.

Signed	
Print name	
Date	

How to submit

- If you are making a request to the **Disabled Children’s Team** please send your form by email to DisabledChildren.Team@islington.gov.uk.
- For **any other requests**, please send your form by email to csctreferrals@islington.gov.uk