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**Request for Assistance –** please use the identified service descriptor on the GIRFEC website to support the completion of this form.

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| **The Team Around the Child/Young Person and the Young Person agree to the Request for Assistance (includes single agency)** | Yes  No |

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| --- | --- | --- | --- | --- | --- |
| **Name of Referrer** |  | **Role of Referrer** | Choose an item. | | |
| **Identified service –** | Choose an item. | **Previous support from this agency/ service** | Yes  No  Don’t know | **Was there a requirement for an initial discussion?** | Yes  No |
| **Decision from initial discussion** | Choose an item. |
| **Analysis for Request for Assistance – using the National Practice Model and Getting It Right For Every Child questions complete the following questions in detail.** | | | | | |
| **What is getting in the way of this child or young person’s wellbeing that has led to this Request for Assistance? (GIRFEC Q1)** | | | | | |
|  | | | | | |
| **What has been completed by you, your team or the Team Around the Child (TAC) to improve the child or young person’s wellbeing? (GIRFEC Q2, Q3 and Q4) It is important** | | | | | |
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| **What additional help is being requested from the identified agency? (GIRFEC Q5)** | | | | | |
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| **Consent for information to be shared** | **Child/Young Person** | Choose an item. | **Parent/Carer** | Choose an item. |

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| **Outcome of referral received from agency identified e.g. wait time, course of action** |
|  |

**Request for Assistance Overview –There MUST be a Chronology of Significant Events to support the completion of this form**

**Essential information**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Address**  **Non-disclosure** | Choose an item. | **Email** |  | | | **Tel** | |  | **SCN Number**  **CHI number** |  |
| Place of education | Choose an item. | **Year** | Choose an item. | | **Number of Violence & Aggression Incidents** | | | | |  |
| Attendance (%) |  | **Timetable** | Choose an item. | | **Exclusions for academic year** | | | | |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child Protection** | Is the Child on the North Child Protection Register? | | | | | | | | Choose an item. |
| **Look After Child/Care Experienced** | Is the child/young person Looked After? | | | | Choose an item. | | | If Yes - Type of care | Choose an item. |
| Is the child / young person Care Experienced? | | | | Choose an item. | | | If Yes - Type of care | Choose an item. |
| **Transition - New or returning to Moray** | Is the child/young person moving from Out of Area? | | Choose an item. | Date of move | Click or tap to enter a date. | | | Reason for relocation | Choose an item. |
| **Caring Responsibilities for CYP** | Does the child have caring responsibilities? | | Choose an item. | Does the CYP have a Carer Support Plan | | | | Does the parent have additional caring responsibilities? | Choose an item. |
| Choose an item. | | | |
| **Additional Support Need** | | | | | | | | | |
| Give details of any need being explored further by an identified professional | | | | | |  | | | |
| Give details of any confirmed identified need and/or diagnosis | | | | | |  | | | |
| Give details of any prescribed medication and if possible, the next review date (including allergies) | | | | | |  | | | |
| **Other Relevant documents/toolkits currently or previously used to support the child/young person (these do not need to be attached)** | | | | | | | | | |
| Birth Plan  Strengths & Difficulties Questionnaire  ADAPT  Development Health Reviews | | Learner Profile Strategy (LPS)  Individualised Education Plan (IEP)  Consideration for a Coordinated Support Plan  Co-ordinated Support Plan (CSP)  Positive Behaviour Support Plan/CALM  Individual Risk Assessment | | | | | Young Carer Statement  Social Work led interagency Assessment | | |