Please complete this form on behalf of your agency/service to support children and young people within Child’s Planning who have been identified as requiring further support.

The information you provide will support the Team Around the Child to identify the correct agency/service and support them to complete the Request for Assistance form with the information required. Thank you

|  |  |
| --- | --- |
| Service/Agency | Dietician  |
|  |  |
| A discussion prior to Request for Assistance is required  | Yes [ ]  No [x]  |
| If yes, please advise how contact should be made | Click or tap here to enter text. |
|  |  |
| Service/Agency email for the Request for Assistance  | Gram.moraydietitians.scot |
| Service/Agency phone number | 01343567350 |
|  |  |
| Team Leader | Elizabeth Stevenson |
|  |  |
| Description of the Service/Agency  | Paediatric dietetic service/advice to parents or carers of young people by means of face to face or near me clinic appointments or domiciliary visits if required |
|  |  |
| What specific programmes are offered through this service/agency to support a CYP | Click or tap here to enter text. |
|  |  |
| What to expect when the Request for Assistance is accepted  | Patients will be sent an opt in letter, if they do not opt in within 2 weeks they will be removed.Once opted in they will be offered telepnone, near me or face to face 1 hour appointment with dietitian |
|  |  |
| Date information was updated | 22/01/2025 |