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

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| --- | --- |
| Service/Agency | Choose an item.  Children’s Occupational Therapy |
|  |  |
| A discussion prior to Request for Assistance is required | Yes  No |
| If yes, please advise how contact should be made | Not essential but encouraged if any questions. Please refer to pre – referral information. |
|  |  |
| Service/Agency email for the Request for Assistance | gram.childrensocctherapymoray@nhs.scot |
| Service/Agency phone number | 01343 567365 |
|  |  |
| Team Leader | Lorraine Tulloch |
|  |  |
| Description of the Service/Agency | Occupational Therapists work with children from birth to school leaving age who have:  Movement and coordination difficulties which impact on daily activities.  Sensory issues that impact on everyday life.  Delay in achieving independence skills such as dressing and feeding.  Following an initial triage call with parents, advice and activity ideas/strategies will be provided to home and school. Where required assessment and/or intervention will be agreed upon.  Therapy sessions may be carried out by an assistant under the direction of an OT**.** |
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| What specific programmes are offered through this service/agency to support a CYP | Paediatric Occupational Therapy Advice line  01224 555315 available Wednesdays 2-4pm Thursdays 10-12 |
|  |  |
| What to expect when the Request for Assistance is accepted | RfA will be screened and contact made with referrer if further information required or referral not accepted.  If accepted – parent will receive a letter with date for a triage call. Copy will be sent to referrer. Following triage call, parent will receive activity ideas and will either be closed to OT or one or more of the following options agreed.  Follow up call with parent/care giver  Contact with school  Assessment  Therapy sessions |
|  |  |
| Date information was updated | 12/02/2025 |