

Request for Service (PSA)



Please ensure that this form is completed – forms with insufficient information will be returned

Date:	School:	Name of Requester:
Child's name:	D.O.B.	Gender:
GP:	Disability?	Ethnicity:
Reason for Request for Service: <input type="checkbox"/> Transition <input type="checkbox"/> Challenging Behaviour <input type="checkbox"/> Mental Health <input type="checkbox"/> BME <input type="checkbox"/> Family Break-up <input type="checkbox"/> Home/School Relationship <input type="checkbox"/> Parenting Skills <input type="checkbox"/> Other:		Further Details re Reason for Request
Name of Parent/Carers:		
i)	Parental Responsibility?	Yes/No
ii)	Parental Responsibility?	Yes/No
Address:		
Home tel.	Mobile:	Email:
The child usually lives with mother/father/carer (please circle)		
Alternative address:		
Details:		
Is an interpreter needed?	Do written materials need to be translated?	What language is spoken or understood by the family?
Yes/No	Yes/No	
Other people important to the child, including siblings:		
Name	Relationship	
Other agencies involved:		
Agency	Contact if known:	

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Are there any worker safety issues?	Y/N – Details:	
Parent has a disability		
Parent has a history of mental illness		
Parent has experienced domestic violence		
Parent has experienced drug/alcohol misuse		
Teenage parent		

Signed (Requester)..... Date:.....

Signed (Parent/Carer)..... Date:.....

Permission to Share Information

Your worker has the following information about you/your family:			
Name	<input type="checkbox"/>	Address	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	Date of birth	<input type="checkbox"/>
Ethnicity	<input type="checkbox"/>	School attended	<input type="checkbox"/>
Other information including names of family members held or to be gathered (please specify, for example referral or assessment information)			

Agencies and Partners

Your worker would like your permission to share with and/or gather information from the following agencies:			
Group Directorate: Children, Swindon Borough Council	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

This information is being passed to and/or collected from other agencies so that we can help you. I give permission for this information to be passed onto and/or gathered from others	
Signed: (Young person or parent/guardian) Date:	Signed: (Worker) Date: