|  |  |  |
| --- | --- | --- |
| **1** |  | **Assessment details** |

|  |
| --- |
|  |

**Request Date:**

**Children**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child | Name | DOB/ EDD | Gender(M/F) | Address as above Yes/No? (If no please state) |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **2** |  | **Notification**  |

**Details of person making request:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  |  |
| Position: |  | Organisation: |  |
| Email: |  | Telephone no: |  |

I am requesting to pause the Early Help Assessment Yes [ ]  No [ ]

|  |
| --- |
| Please state your reason for pausing the Early Help Assessment e.g. step into MST |
|  |

I am requesting to reinstate the Early Help Assessment Yes [ ]  No [ ]

(If yes please complete details of new lead professional)

|  |
| --- |
| Please state your reason for reinstating the Early Help Assessment |
|  |

**Details of New Lead professional:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Effective from Date: |  |
| Position: |  | Organisation: |  |
| Email: |  | Telephone no: |  |

|  |  |  |
| --- | --- | --- |
| **3** |  | **Submitting the request** |

Once you have fully completed the form please email this to earlyhelp@barnsley.gov.uk. Please note that it is your responsibility to ensure that this information is emailed securely, if you require support with this then please email us to discuss before sending any sensitive information.