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

|  |
| --- |
|  |

**Request Date:**

**Details of person making request:**

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

|  |  |  |
| --- | --- | --- |
| **2** |  | **Family Composition and Details** |

**Main Parent/Carer**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | Gender (M/F): | |  | Ethnicity: |  | |
| Address: |  | | Postcode: | |  | DOB: | |  |
| Home Tel: |  | | Mobile: |  | | | | |
| Relationship to children: | |  | | | | | | |

**Parent/Carer 2**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | Gender (M/F): | |  | Ethnicity: |  | |
| Address: |  | | Postcode: | |  | DOB: | |  |
| Home Tel: |  | | Mobile: |  | | | | |
| Relationship to children: | |  | | | | | | |

**Children**

|  |  |  |  |
| --- | --- | --- | --- |
| Child | Name | DOB/ EDD | Gender  (M/F) |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

|  |  |  |
| --- | --- | --- |
| **3** |  | **Reason for requesting a copy of the Early Help Assessment** |

|  |
| --- |
| Please state your reason for requesting a copy of the Early Help Assessment |
|  |

|  |  |  |
| --- | --- | --- |
| **4** |  | **Family consent to share early help assessment** |

|  |
| --- |
| I understand that by signing this form I give agreement for a copy of the early help assessment in respect of my family to be shared with the above named person for the reasons stated |
|  |

**Parent/Carer/Young Person Signatures**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Signed:** |  | **Name:** |  | **Date:** |  |
|  |  |  |  |  |  |
| **Signed:** |  | **Name:** |  | **Date:** |  |
|  |  |  |  |  |  |
| **Signed:** |  | **Name:** |  | **Date:** |  |

**Requestor Signature**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Signed:** |  | **Name:** |  | **Date:** |  |

|  |  |  |
| --- | --- | --- |
| **5** |  | **Submitting the request** |

Once you have fully completed the form please email this to [earlyhelp@barnsley.gov.uk](mailto: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.