**Early Help Assessment Change of Lead Practitioner Form**

**Section 1-** Form Details

All sections on form must be completed and submitted when change of lead has been confirmed **Date completing form:**

**Practitioner completing form:**

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

**Section 2-** Assessment Details

**Family Group Number:**

**Date of Lead Practitioner Change:**

**Details of children subject to Early Help Assessment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child** | **Name** | **DOB/EDD** | **Gender** | **Address/Post Code** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

**Section 3-** Lead Practitioner Information

**Current Lead Practitioner** (if different from above)

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

**New Lead Practitioner Details:**

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

|  |  |
| --- | --- |
| Family are in agreement with the change in lead practitioner and are aware of the date this change will take effect. | Yes  No |

|  |  |
| --- | --- |
| There is documented evidence that the new lead practitioner has agreed to take on the role and the date this change will take effect.  Please comment how this has been evidenced: | Yes  No |

|  |  |
| --- | --- |
| There has been an official handover of the EHA with the new lead practitioner and all necessary paperwork has been shared. | Yes  No |

Please email the fully completed Change of Lead Practitioner form to [earlyhelp@barnsley.gov.uk](mailto:earlyhelp@barnsley.gov.uk).

When emailing the completed form into Early Help, please copy in the new Lead Professional as confirmation of their agreement to take on the Early Help Assessment

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