**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.

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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