

Hertfordshire Service Request Form



Children and young people

This form should be used when a child or young person has a need which requires a response from one agency only. For multiple needs consider a Families First Assessment.

For child protection referrals use the **Hertfordshire
Child Protection Referral Form** or ring **0300 123 4043**

What service are
you requesting? *

What is the reason
for your request? *

What are the desired
outcomes for the child/
young person/family? *

** Please use the space provided on page 4 of this form if you need to add further information.*

Child / young person / unborn baby details

Forename(s):

For unborn baby insert "UBB"

Date of birth / EDD: / /

Surname:

For unborn baby insert mother's surname

Gender: Male ☐ Female ☐ Unknown ☐

Current address:

Postcode:

Disability: No ☐ Yes ☐ Please supply details

Religion:

Ethnicity:

Add home address if different:

Postcode:

Childs first language:

write N/A if pre-verbal

Reference number:

(e.g. NHS Number, Unique Pupil Number)

Name, address and contact details of
health visitor/school nurse:

Postcode:

Name, address and contact details of GP:

Postcode:

Name of early years setting/school/college
and contact person:

Please give names of child's primary carer(s) and their relationship to the child/young person

Full name	Address (if different from the child)	DOB	Gender	Parental Responsibility
	Postcode: Tel:	DD/MM/YY	M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
	Postcode: Tel:	DD/MM/YY	M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>

<p>Do the parent/carer(s) have a disability?</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/> please give details</p>	<p>First language:</p> <p>Is an interpreter /signer required? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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[illegible]

**What other services are involved with this child/young person/family
e.g. adult services, CAMHS etc, If known.**

Name of Professional and Organisation	Address, Postcode, and Tel	Brief description of work undertaken or ongoing support

Additional Information – Please use this box to provide additional relevant information to support your request when contacting Children’s Services.



Name of person making/ completing this Service Request Form (full name and agency/ service must be entered)	
Contact Details (include email address and contact number)	
Date form completed and sent	

Consent and Information Sharing Statement

Parental consent is required to enable information sharing with the identified service. Young people should be aware of the request for a service and asked for their consent. You will need to make a professional judgment about the young person's understanding of giving consent

- I have had the reasons for this service request explained to me, I understand the reasons for the request and understand that my information will be shared with the identified service as part of this request.
- I agree to the request and give consent for the named service to work with my child (or me as the named young person).
- I give consent for the sharing of information to the above named service.
- I give consent to the sharing of additional information attached to the above named service.

☐ I understand that the information contained in this form will be recorded on a Hertfordshire County Council case management system and others services may be able to see the content on this form and paper copies will be securely stored.

Parent/Carer – I consent to this request: Name

Date

Signature

Young Person – I consent to this request: Name

Date

Signature

If consent has not been obtained, please give reason

Service / Area / District	Email
Safeguarding and Child Protection	GCSX users – protectedreferrals.cs@herts.gcsx.gov.uk (The above is a secure email address and can only be used by GCSX users) Non GCSX users – protectedreferrals.cs@hertfordshire.gov.uk
0-25 Together team	
Targeted Youth Support	
Intensive Family Support Teams	
Targeted Advice Service	
Young Carers	
Integrated Services for Learning (ISL) Please identify on page 1 which of the teams the request is for: Access to Education for Refugees and Travellers, Attendance, Central Attendance and Employment Support, Communication and Autism, Early Years SEND, Educational Psychology, Education Support Team for Medical Absence (ESTMA), Physical and Sensory. Requests for any other teams or services will not be accepted by ISL.	
Please note that a parental signature must be included on all requests	
North Herts and Stevenage	NHSTEV.ISLTEAM@hertfordshire.gov.uk
East Herts and Broxbourne	EBBROX.ISLTEAM@hertfordshire.gov.uk
Welwyn/Hatfield and Hertsmere	WHH.ISLTEAM@hertfordshire.gov.uk
St Albans and Dacorum	STADAC.ISLTEAM@hertfordshire.gov.uk
Watford, 3 Rivers, Bushey and Radlett	WAT3RIV.ISLTEAM@hertfordshire.gov.uk

If you would like to speak to someone please telephone the Customer Service Centre on 0300 123 4043 and ask to speak to someone in the relevant team for the area you live in.