**Request for Support for Level 4 Acute/Child Protection**

**This form is to be completed when you have used the** [**Effective Support for Children and Families Guidance**](http://sscb.safeguardingsomerset.org.uk/effectivesupport-documents/) **to confirm that the safeguarding concerns you have about a child (ren) and their family meet the Level 4 Acute/ child protection criteria, and you require the statutory intervention of children’s social care in assisting you in addressing the concerns you have identified.**

**If the child (ren) is at immediate risk of significant harm, you must contact Somerset Direct immediately on 0300 123 2224. In an emergency you can always contact Avon and Somerset Police by dialling 999.**

**If you would like to speak to a social worker outside of office hours please phone the Emergency Duty Team (EDT) on 0300 123 23 27**

1. Are you a Professional

a Parent/Carer/Family member

Other Please give details:

1. Please provide the following information about yourself:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Designation / relationship to child: |  | Agency (where applicable): |  |
| Address: |  | Contact telephone number: |  | Contact e-mail address: |  |

1. **Consent and Information Sharing:**

Do the parent(s)/carer(s) give consent to sharing of information?

Yes No

If yes, please give details of who has given consent:

Ideally it is good practice to ask for parental consent for all referrals, however for Level 4 Acute /Child Protection referrals CONSENT IS NOT NEEDED if you consider that asking for this would place the child at greater risk. If no consent has been given, or it has been overridden, please state why:

1. **Details of subject child/ren and their siblings:**

Please give as much information as you can leave but if not known then leave blank.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Child/Young person you are working with:** | **Child/Young person 2** | **Child/Young person 3** | **Child/Young person 4** |
| **a. Is this child/young person included in this assessment**  | Y /N | Y/ N | Y/ N | Y/ N |
| **b. First Name** |  |  |  |  |
| **c. Surname** |  |  |  |  |
| **d. Also known as** |  |  |  |  |
| **e. Date of birth or expected date of delivery (DD/MM/YYYY)**  |  |  |  |  |
| **f. Gender** | M/F | M/F | M/F | M/F |
| **g. Address including Postcode** |  |  |  |  |
| **h. Ethnicity** |  |  |  |  |
| **i.Disability**  |  |  |  |  |
| **j. Name of early years provider, school or college child/young person attends**  |  |  |  |  |
| **k. Name of GP or Practice / Surgery /Medical centre** |  |  |  |  |

1. Details of family/household members and those that live outside the home but are important to the child: (Fill in as much information as you have available –If not known, leave blank.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Significant adult 1** | **Significant adult 2** | **Significant adult 3** | **Significant adult 4** |
| **a.Relationship to child /young person** |  |  |  |  |
| **b. First Name** |  |  |  |  |
| **c. Surname** |  |  |  |  |
| **d. Also known as** |  |  |  |  |
| **e. Date of birth**  |  |  |  |  |
| **f. Gender** | M/F | M/F | M/F | M/F |
| **g. Address including Postcode** |  |  |  |  |
| **h. Ethnicity** |  |  |  |  |
| **i.Disability**  |  |  |  |  |
| j.**Parental Responsibility:****An explanation of parental responsibility can be found here:** [**https://www.gov.uk/parental-rights-responsibilities/what-is-parental-responsibility**](https://www.gov.uk/parental-rights-responsibilities/what-is-parental-responsibility) | **Yes/No** | Yes/No | Yes/No | Yes/No |
| **k. Name of GP or Practice / Surgery /Medical centre** |  |  |  |  |
| **l. Communication needs (including language e.g is an interpreter required** |  |  |  |  |

1. **Reason for referral:**

What are you concerned about and how does this meets the criteria for Level 4 Acute/Child Protection in accordance with the [**Effective Support for Children and Families Guidance**](http://sscb.safeguardingsomerset.org.uk/effectivesupport-documents/):

**Details/**

What resources/services are already in place to address the Level 4 Acute / child protection concerns you have identified?

As a result of sharing this information today, what are you wanting to achieve for this child (ren) and his / her family?