

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

	Integrated Services for Learning (ISL)	Other
What service are you requesting? *	Attendance	0-25 together team
	Communication and Autism	Targeted youth support
	Educational Psychology	Intensive family support teams
	Physical and Sensory	YC Hertfordshire
	Central Attendance and Employment Support	Young carers
	Early Years SEND	Don't know
	Education Support Team for Medical Absence (ESMA)	<p><i>Requests for any other teams or services will not be accepted by ISL</i></p> <p>If you are requesting an ISL service, please ensure you complete the "ISL baseline assessment information" form and include within your correspondence.</p>
	Access to Education for Refugees and Travellers	
	Specialist Advisory Service (5-25)	
	Specific Learning Difficulties (SpLD)	
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 5 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 / expected delivery date:
Surname:	Gender: Male Female Other Unknown
Primary address:	Disability: No Yes Please supply details:
Postcode:	Religion:
Secondary address:	Parent/carer email address*
Postcode:	Name, address and contact details of health visitor/school nurse:
Childs first language:	
Reference number: (e.g. NHS Number, Unique Pupil Number)	
Postcode:	
Name, address and contact details of GP:	
Postcode:	
Name of early years setting/school/college and contact person:	
*SCHOOLS/PARENTS & CARERS: HERTSFX - Secure File Exchange Arrangement	
<p>Hertfordshire County Council uses a web system HertSFX, to protect the data we hold and share as a main electronic communication method.</p> <ul style="list-style-type: none"> • In order to receive information via HertSFX, children's services will send you an 'invitation' so you can register. • Once you have completed the registration process, you will be able to login and view / download any information sent from children's services via HertSFX. • By providing your email address you are agreeing to join the HertSFX system & agree to contact HCC should your email address change. <p>Once you have completed the registration process, you will be able to login and view/download any information sent from Children's Services via HertSFX.</p>	

Parent/carer details

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)	Date of birth (DOB)	Gender	Parental Responsibility
	Postcode: Tel:		M F	Yes No Unknown
	Postcode: Tel:		M F	Yes No Unknown

<p>Do the parent/carer(s) have a disability?</p> <p>No Yes please give details</p>	<p>First Language:</p> <p>Is an interpreter /signer required?</p> <p>Yes No</p>
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Family composition/significant others

Full name	Address, Postcode, and Tel	DOB if known	Relationship to children named overleaf	Gender
				M F
				M F
				M F
				M F
				M F
				M F

**What other services are involved with this child/young person/family
e.g. adult services, Child and Adolescent Mental Health 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.

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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	

Data Privacy and Information Sharing Statement

I confirm that following discussion with school/setting staff, I agree to the involvement of Children's Services.

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 Children's Services as part of this request. I agree to the request and give consent for Children's Services to work with my child (or me as the named young person).

I understand that working with my child (or me) will necessitate the sharing of information **between relevant services**, in the interests of providing a service to me or my child. I understand that the information contained within this form will be recorded on a Hertfordshire County Council case management system and other services may be able to see the content on this form. Hertfordshire County Council is the Data Controller for this information and its lawful basis for processing is to fulfil its duties in respect of special educational needs provision (public task).

Information on you or your child/young person will be held until 35 years after the date of birth.

Full information on your rights in respect of personal data held about you can be found at <https://www.hertfordshire.gov.uk/about-the-council/legal/privacy-policy/privacy-policy.aspx>

Please tick the relevant services **you do not wish** information to be shared with, however please note there may be circumstances where we have to share your details without your consent e.g. if we believe it is the best interests of a child:

Social Care

National Health Services partners (Paediatricians, Speech & Language
Therapists, CAMHS etc)

Child/young person

Signature:

Name:

Date:

Parent/carer

Signature:

Name:

Date:

Note: If the young person is the age of 16 or over and has mental capacity, they must provide a signature (and a parent signature is not required).

If the child is under the age of 16 and has not provided a signature, have you sought verbal consent?

Yes

No

If no, please state why:

Service / Area / District	Email
0-25 Together team	
Targeted Youth Support	
Intensive Family Support Teams	protectedreferrals.cs@hertfordshire.gov.uk
Young Carers	
YC Hertfordshire	
<p>If you are requesting an ISL service, please ensure you complete the “ISL baseline assessment information” form and include within your correspondence.</p>	
North Herts and Stevenage	NHSTEV.ISLTEAM@hertfordshire.gov.uk
East Herts, Broxbourne, Welwyn & Hatfield	EHBROX.ISLTEAM@hertfordshire.gov.uk
St Albans and Dacorum	STADAC.ISLTEAM@hertfordshire.gov.uk
Watford, Three Rivers & Hertsmere	WAT3RIV.ISLTEAM@hertfordshire.gov.uk
<p>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.</p>	