|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Child’s Name** |  | | **D.O.B** | |  | |
| **S.C.N (if known)** | |  | |
| **Gender** | Choose an item. | | **SeeMIS No** | |  | |
| **Names of Parents/ Carers** |  | | | | | |
| **Address** |  | | | | | |
| **Post Code** |  | | | | |
| **Parent/Carer Email** |  | | | | | |
| **Home Telephone** |  | | **Mobile No** | |  | |
| **Educational Placement** | Choose an item. | | | **Stage** | | Choose an item. |
| **Nursery hours** | |  |
| **School / Nursery** |  | | | | | |
| **Named Person** | Name: | | | Job Title and Contact Details: | | |
| **Cluster** | Choose an item. | | | **Locality** | | Choose an item. |
| **Additional Support Need (if appropriate)** | | | Choose an item. | | | |
| **Looked After (if applicable to request)** | | | Choose an item. | | | |
| **Child Protection Register (if applicable to request)** | | | Choose an item. | | | |

Fife Children’s Services

Request for Assistance

|  |  |  |  |
| --- | --- | --- | --- |
| **Permission provided by young person/parent/carer** | | Choose an item. | |
| **Person Requesting Assistance** |  | **Relationship to Child** |  |
| **Requesters Address** |  | **Telephone** |  |
| **Contact email** | |
| **Signature** |  | **Date** | Click here to enter a date. |
| **Designation/Role** |  | | |

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| --- |
| **Reason for Request:** |
| **What are your current concerns?** |
| **What impact does this have on the child/young person and parent/carer?** |
| **Please outline what supports/interventions you have already trialled to meet the identified needs and the impact this has had?** |
| **What other services are currently/have previously been involved in supporting the child/young person/parent/carer? What impact has this had?**  ***Please include practitioner(s) name if known*** |
| **Specify the desired outcomes for the child/young person and parent/carer?** |
| **What would you like this service (s) to do? Specify tasks to achieve this.** |
| **Is there a plan/documentation currently in place?** Choose an item.  **If yes please specify:** |
| **If requesting assistance from the Supporting Learners’ Service please specify which team (s) you require** Choose an item. **2nd Team** Choose an item. |

|  |  |
| --- | --- |
| **Date Request for Assistance Received:** |  |
| **The information gathered on this form will be used by the Council for the purposes of supporting child health and wellbeing. It may be shared with relevant Council Services and voluntary organisations. Further details on how your information may/ will be used can be found at** [**www.fifedirect.org.uk**](https://www.fifedirect.org.uk/topics/index.cfm?fuseaction=page.display&p2sid=709184C0-A541-EEC4-16223F1958C0BB9E&privacytrue=1) | |

**Submitting this form:**

Please request assistance by sending completed forms to the relevant e-mail contact below

|  |  |
| --- | --- |
| **Family Support Service** | [**FamilySupportService@fife.gov.uk**](https://fcmail.fife/owa/redir.aspx?C=eslFH-kWyEprNtQ1u7lXoZzcP4P3agthM-avLBrexX-r_sFrAwnWCA..&URL=mailto%3aFamilySupportService%40fife.gov.uk) |
| **Support for Learning Service** | [**SupportingLearners@fife.gov.uk**](mailto:SupportingLearners@fife.gov.uk) |
| **Educational Psychology Service:** |  |
| North East Fife and Levenmouth | [**Cupar.EducationalPsychologists@fife.gov.uk**](https://fcmail.fife/owa/redir.aspx?C=i_HDia_XGq1yJXQkd2_xPXo_HvWj7NCiJZrtBq9gX25Wzwkv_gjWCA..&URL=mailto%3aCupar.EducationalPsychologists%40fife.gov.uk) |
| Central Fife (Glenrothes & Kirkcaldy) | [**Central.EducationalPsychologists@fife.gov.uk**](https://fcmail.fife/owa/redir.aspx?C=sXHRuH-1n0AeKGaEcsBBy3p9oz3__VsSzdwvC2nNzj5Wzwkv_gjWCA..&URL=mailto%3aCentral.EducationalPsychologists%40fife.gov.uk) |
| West Fife | [**Dunfermline.EducationalPsychologists@fife.gov.uk**](https://fcmail.fife/owa/redir.aspx?C=y4idCoBh1_PoultihrXX_2Efn7g4J17a9eH9i8IqHLdWzwkv_gjWCA..&URL=mailto%3aDunfermline.EducationalPsychologists%40fife.gov.uk) |