

Walsall Early Help Referral Form

for targeted early help support

v 4.3 Mar 2015

Please send completed forms along with an Early Help Assessment and any other assessment to:
Early Help Admin Team, Room A8 Education Development Centre, Pelsall Lane, Rushall WS4 1NG or E-mail: earlyhelpleadprofessional@walsall.gov.uk

If you do not have secure e-mail please phone 01922 650763 and fax your paperwork to:
01922 686440

Fields marked with an * are mandatory. Others may be left blank providing this information is included in the accompanying assessment

You may wish to have a consultation with an Early Help Admin Team on: 01922 650763 or E-mail: earlyhelpleadprofessional@walsall.gov.uk

Date of referral:		
Name of referrer*	Organisation*	Contact details*

Name of child/young person*	PARIS ID (if applicable)	DOB/EDD*	Age*
Ethnicity of child:			

Name of parents/Carers*	
Address of parents/Carers (if different from the child)	
Telephone Number*	

1. *Please confirm there is consent for information to be shared and used for purposes of providing services to the child/young person and their family:

Yes No

2.* Please confirm who this referral has been discussed and agreed with:

Parent Child
 Young Person Other, please state.....

3. *What current assessment information are you sending in to support this referral:

My Star/Teen Star/Family Star Passport Assessment
 Early Help Assessment Other, please state

4. *Are you requesting: (select **one** only)

Allocation or advice through the Early Help & Resource Panel
 Allocation for a specific service

5. *What are the needs and barriers for this child/young person and their family?

6. *What is the unmet need/suggested intervention to remove these barriers?

7. *Funding requests: (Please note that panel only agree funding for up to 12 weeks per application)

If you are requesting funding, please provide the following information:

(Please note that panel cannot agree funding without this information):

Setting or provider:	Days/hours per week:	Costs: (daily or hourly rate)	Expected start date:
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Is this a continuation of an existing intervention/service? If yes, please give details:

8. *What do you want the outcome of the intervention to be for this child/young person?

How will you know when this has been achieved?

What is the exit plan?