

Request for Support – Wiltshire Children’s Community Services

Requests for Support that do not include the required supporting information / attached evidence will be returned to the Requestor for completion.

Items highlighted **bold** are required fields. Additional space for answering questions can be found on the last page.

SECTION 1A Child or Young Person Information

| | |
|--|---|
| Name of Child/Young Person: | |
| Gender: | |
| Date of Birth (dd/mm/yy): | |
| NHS Number: | |
| Child/Young Person’s Current Address: | |
| Postcode: | |
| Young Person Phone Number: (if appropriate) | |
| Any known alternate family names? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details: |
| GP Name and Practice: | |
| Ethnicity: | |
| Educational Setting: | Pre-school <input type="checkbox"/> School <input type="checkbox"/> College <input type="checkbox"/> Home <input type="checkbox"/> Not in education <input type="checkbox"/> |
| Educational Setting details: | |
| First Language if not English: | |
| Interpreter required: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Religion/Belief: | |
| Is the child/young person a carer for another family member? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Safeguarding / Child Protection Involvement? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| If yes, please give details | |
| Is there an additional support plan in place (e.g. CAF, My Support Plan, My Plan)? If yes please attach copy | Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> |
| Any other relevant information e.g. existing diagnoses / learning disability / prescribed medications / nursing needs | |

| SECTION 1B Family Information – Parents/Carers & Siblings | | |
|--|--|--|
| | PARENT / CARER 1 | PARENT / CARER 2 |
| Name: | | |
| Relationship to Child/Young Person: | | |
| Address (if different to child/young person's address as recorded above): | | |
| Post code: | | |
| Phone Number: | | |
| Mobile number: | | |
| Email: | | |
| Known alternate Family Names: | | |
| First Language if not English: | | |
| Interpreter required: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Member of Armed Forces: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Parental responsibility: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Correspondence to be sent to: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Additional Supporting Information (parents/carers): | | |
| | | |

Please ensure contact details for all adults with parental responsibility are defined above (and if not, please add here):

| | | |
|---|------------------|------------------|
| | | |
| Please confirm all adults with Parental Responsibility are aware of the Request? | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | SIBLING 1 | SIBLING 2 |
| Name: | | |
| Relationship to child/young person: | | |
| Date of birth: | | |
| If additional siblings, please list: | | |

| SECTION 1C Accessible Information | | | |
|---|-----------------------|------------------------------|-----------------------------|
| <i>Please complete this section if you are making a request for yourself or as a parent/carer</i> | | | |
| Do you or your child/young person have any special communication requirements? | You: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Your child: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | If yes, details: | | |
| Do you need a format other than standard print? | Braille | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Large print | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Easy read | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Other, please specify | | |
| If yes, please specify: | | | |
| | | | |
| Do you need a British Sign Language interpreter or advocate? | You: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Your child: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| SECTION 2A Request for Support – Supporting Information | | | | | |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Where the information below is available within existing documentation, please simply reference this in the response. | | | | | |
| What is your reason for making this request? | | | | | |
| What are the outcomes you are hoping to achieve? | | | | | |
| What has been tried already? E.g. other agencies / interventions | | | | | |
| On a scale of 1 – 5, how concerned are you (the requestor)? 1 = not concerned, 5 = very concerned | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| On a scale of 1 – 5, how concerned are the parents/carers? 1 = not concerned, 5 = very concerned | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

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| <p>Is the child/young person aware of their difficulty & this request? If so, please detail how they feel it impacts on them</p> | |
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SECTION 2B Primary Service Requested & Supporting Documentation

Please indicate the **primary service** you think the child / young person might benefit from support.

This request will be triaged and may be redirected to a more appropriate service to support the child’s needs. If you are not sure which service is required, please check our website (wiltshirechildrensservices.co.uk) or call 0300 247 0090 for further details and advice:

| Service | Supporting documentation checklist |
|--------------------------|--|
| <input type="checkbox"/> | Speech & Language Therapy Background information form (relevant to age) <input type="checkbox"/> Pre-school communication tracker (early years only) <input type="checkbox"/> Graduated Response to SEN Services (GRSS) (school age only) <input type="checkbox"/> |
| <input type="checkbox"/> | Community Children’s Learning Disability Health Service My Support Plan or My Plan <input type="checkbox"/> Confirmation of Learning Disability (e.g. consultant letter) <input type="checkbox"/> |
| <input type="checkbox"/> | Children’s Community Nursing Team Relevant medical documentation <input type="checkbox"/> |
| <input type="checkbox"/> | Integrated Therapies (Occupational Therapy & Physiotherapy) |
| <input type="checkbox"/> | Community Paediatrics Schedule of Growing Skills (SOGS) <input type="checkbox"/> School Report <input type="checkbox"/> |
| <input type="checkbox"/> | Paediatric Continence |
| <input type="checkbox"/> | Health Visiting |
| <input type="checkbox"/> | School Nursing |
| <input type="checkbox"/> | Family Nurse Partnership Estimated date of delivery: |
| <input type="checkbox"/> | Looked After Children Team |
| <input type="checkbox"/> | Autism Diagnostic Pathway |
| <input type="checkbox"/> | Unsure |

For information on how to refer to Children’s Audiology, please visit:
<http://wiltshirechildrensservices.co.uk/audiology/information-for-referrers/referral-criteria>

SUPPORTING DOCUMENTATION ENCLOSED

- My Support Plan
- Common Assessment Framework (CAF)
- Schedule of Growing Skills (SOGS)
- Ages and Stages Questionnaire (ASQ)
- Speech & Language Therapy Background Information Form (Pre-school Children)
- Speech & Language Therapy Background Information Form (Reception/KS1/KS2)
- Speech & Language Therapy Background Information Form (Secondary)
- Speech & Language Therapy Pre-school Communication Tracker
- Graduated Response to SEN Services (GRSS)
- My Plan / Education, Health and Care Plan (EHCP)
- Relevant previous reports (e.g Educational Psychology, Paediatrician, GP health reports)
- Other, please state:

If you do not have access to the above information whilst making the request for support, please indicate where it can be obtained:

| SECTION 3 Requestor Details & Information Sharing | |
|--|--|
| For more information about how we will use the information that you (or the service user) provide and your rights relating to this information (including the right to withdraw your consent and/or obtain copies of the information) please go to http://www.virginicare.co.uk/information-governance/ . | |
| Requestor Name (PLEASE PRINT): | |
| Role/relation to child/young person: | |
| Contact telephone number: | |
| Contact email address: | |
| Correspondence Address: | |
| Date of Request: | |

Next steps:

Once completed please send this form and accompanying documentation to our Single Point of Access, vcl.wiltshirespa@nhs.net . Please do not include clinical information in the body of the email.

Note that emails from the list below to vcl.wiltshirespa@nhs.net are secure. If you do not have a secure email route please call us on **0300 247 0090** or email us to request access to a secure email route.

| | |
|----------------------------------|---|
| .cjsm.net (Criminal and Justice) | .gcsx.gov.uk (Local Government/Social Services) |
| .gse.gov.uk (Central Government) | .gsi.gov.uk (Central Government including Department of Health) |
| .gsx.gov.uk (Central Government) | .hscic.gov.uk (The Health and Social Care Information Centre) |
| .mod.uk (Military) | .nhs.net (NHSmail) |
| .pnn.police.uk (Police) | .scn.gov.uk (Criminal and Justice) |

If you wish to post your request, please send it to:

FAO: SPA
Virgin Care Services Limited
1st Floor, Technology House
Unit 10, High Post Business Park
Salisbury
Wiltshire
SP4 6AT



Please use the space below to include any additional information:

Virgin Care

w: www.virginicare.co.uk

Registered office: Virgin Care Services Limited, Lynton House, 7-12 Tavistock Square, London WC1H 9LT.
Registered in England and Wales: Number 07557877

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