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| **Consultation Panel Form** |
| **Consent must be gained for the families before referrals are made.****Please submit a typed copy of this form and email completed forms to:** *shropshireintegrationgroup@shropshire.gov.uk* |
| 1. **Child/Young Person’s Details**
 |
| **Name** |  | **NHS No.** |  |
| **Address** |  |
| **DOB** |  |
| **Gender** |  | **Identify as** |  | **Home Language** |  |
| **Current School** |  |
| 1. **Parent/Carer Details and consent for the referral**
 |
| **Parent/Carer Name**  |  |
| **Home number** |  |
| **Work number** |  |
| **Mobile number** |  |
| **Does the parent consent to this Consultation?** |  |
| 1. **Any siblings attending other Schools?**
 |
| **Name** |  | **School** |  |
| **Name** |  | **School** |  |
| **Name** |  | **School** |  |
| 1. **Name of person requesting advice/the lead professional**
 |
| **Name(s)** |  | **Organisation** |  |
| **Position** |  | **Contact number** |  |
| **Email** |  |
| **Date** |  |
| 1. **Name of person to be invited to present case** *(If different from above)*
 |
| **Name** |  | **Organisation** |  |
| **Position** |  | **Contact number** |  |
| **Email** |  |
| 1. **Safeguarding**
 |
| **Is the child or young person subject to any of the following:**  |
| **Targeted Early Help (Active/closed)**  |  |
| **Early Help Level 2** |  |
| 1. **SEN (Please tick as appropriate)**
 |
|  **SEN Identified** | **SEN Support** | **Does the child have a disability?** |
|  |  |  |
| 1. **Consultation Reason**
 |
| **Reason, Brief History & Background Information** |
|  |
| **Any current involvement from external agencies?***Please provide names, role, address, contact details and summary of involvement.* |
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| 1. **Assessments Completed**
 |
| Targeted Early Help |  |
| BEAM / Kooth / Other Support for SEMH (Please provide details) |  |
| Other |  |
| Other |  |
| **Please describe current interventions***Please include duration, frequency, length, and summary of interventions.* |
|  |
| 1. **What is working well for the family?**
 |
| **What protective factors are present for the family?** |  |

**PRIVACY NOTICE:**

* The information provided will be held on file and may also be stored electronically.

**Consent:**

***Shropshire Council will not share any identifiable personal information collected with external organisations, unless required to do so by law. However, this information will be shared*** ***within Shropshire Council and partner agencies, specifically at the Integration Panel meeting.***

|  |  |
| --- | --- |
| Signature: | Date Signed: |

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| **Integration Panel meeting actions**  |
| **Date heard at panel:**  |
| Action agreed at Panel *(Could this form an EH plan)* | Person responsible  | Action completed  | Notes  |
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