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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*](mailto: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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