

Dumfries and Galloway - Request for Assistance

Is there an immediate child protection concern?

If yes go straight to child protection procedures

	Please check (x) this box if you are making a Child Protection Referral to the Multi-Agency Safeguarding Hub (MASH)
	Please check (x) this box if you are identifying a 'Wellbeing Need'.

1. Child's Details

Name

Date of Birth / EDD

Address

Telephone No

Agency Unique Identifier

School

Parents / Carers Name

Parental Rights and Responsibilities

Name of GP

Named Person

LAC Status (if known)

2. Form Completed By

Name

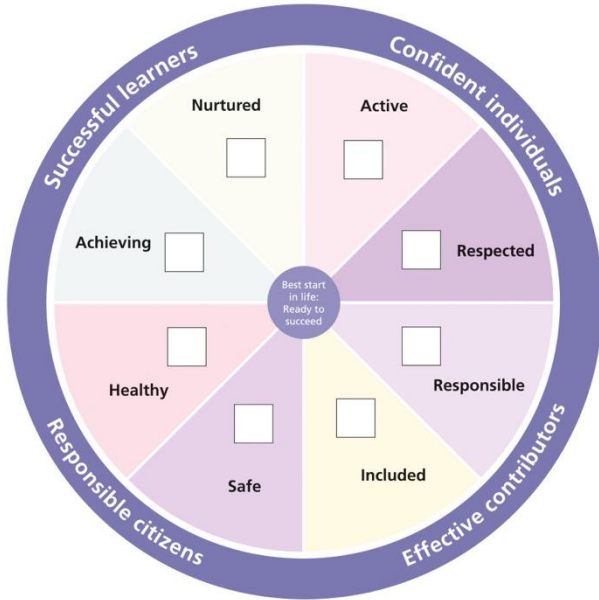
Designation / Agency

Contact Details

Address

Tel No

Email



	Active
	Respected
	Responsible
	Included
	Safe
	Healthy
	Achieving
	Nurtured

Make sure you highlight the wellbeing indicators that are currently causing concern (Please indicate a x in the box)
<https://www.gov.scot/policies/girfec/wellbeing-indicators-shanarri/>

3. What specifically is the concern?

4. How is this impacting on the child?

5. What assistance are you requesting?

**6. What assessment / tools have you already undertaken to support your decision to request assistance?
(What tools have you used?)**

7. What has your agency already done to help this child?

8. Full name(s) of other children in the household, if known and significant to this request

Name	DOB (EDD if unborn)	Relationship to the child

9. Information Sharing

The family should have been informed of this request for assistance.
Please record any relevant views from the child / parent / carer

Has consent been given by the child / parent / carer for this request?

Yes No

If not, why not?

Is the named person aware of this request for assistance?

Yes No

10. Form sent to

Name

Agency

Date Time

Signature Date

If this Request for Assistance is to **Social Work**, please send to

AccessTeam@dumgal.gov.uk

All referrals from Health to Social Work should be copied to the Child Protection Team at dumf-uhb.ChildProtectionTeam@nhs.net

Request for assistance feedback form

To be completed by the person receiving the request for assistance within 10 days of receipt

Childs Details

Name

Date of Birth / EDD

Decision reached and why?

What is going to happen next and by when?

Signature

Date