|  |
| --- |
| Family Support Team  |
| Early Intervention and Prevention |
| Aiming High Family Support Team |
| Telephone 0151 934 3845 |



**Please send completed form to:**

**Email:** **EIP.gateway@sefton.gov.uk**

**Fax to number 0151 934 3802**

**Post to EIP Gateway, 7th floor St Peters house, Bootle L203AB**

|  |
| --- |
| **Contact Record** |
| **Details**  |
|

|  |  |  |  |
| --- | --- | --- | --- |
| Family Name |  | Given Names |  |
| Actual DOB |  | Gender |  |
| Ethnicity |  | Primary Language |   |
| Primary Address |  | Telephone |   |
| Mobile |   |

 |
| **Basic contact information** |
| Date of Contact |  |
| Time of Contact |

|  |
| --- |
| **[ ]** Normal Working Hours**[ ]** Out of Hours – Evening**[ ]** Out of Hours – Morning |

 |
| **Details of person making contact** |
| Who has made contact? |   |
| *Source Type (e.g. Education/Health/Vol)* |  |
| Contact email/telephone number |  |
|  |

|  |
| --- |
| **Previous involvement(s)** |
| School /educational placement |  |
| Has the child been previously known to CAF? |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | [ ]  Yes | [ ] No |  |  |  |

 |
| **Other involved persons details** |
| **Family / household members and significant others** |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **DOB** | **Gender** | **Relationship** | **Address** |
|  |  |  |  |  |

 |
| **Other agencies** |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type  | Person / Department / Organisation | Start Date | End Date | Contact No | Social Care Y/N | Comments |
|  |  |  |  |  |  |   |
|  |  |  |  |  |  |   |
|  |  |  |  |  |  |   |
|  |  |  |  |  |  |   |
|  |  |  |  |  |  |   |
|  |  |  |  |  |  |   |
|  |  |  |  |  |  |   |

 |
| **Contact details & information gathering** |
| Details of Contact |  |
| Child's current whereabouts |   |
| Initial information gathering |   |
| Brief details of any relevant early intervention work provided |   |
| Are there any other agencies involved? |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | [ ]  Yes |  [ ] No |  |  |  |

 |

 |
| Any supporting documentation received and where this can be found. |   |
| **Third party information (Do not disclose)** |
| Third party information |   |
| **Consent & information sharing** |
| Is the child/young person aware of the contact? |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | [ ]  Yes |  [ ] No |  |  |  |

 |  |  |  |  |  |

 |
| Has the parent/carer specified that this information should not be shared with a particular person/agency? |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | [ ]  Yes |  [ ] No |  |  |  |

 |

 |
| **Outcome** |
| Reason for referral/ request for involvement |  |
| Aiming High Family Support Services  |  **Reasons for Referral for Intensive Interaction**  |
| **Reasons for Referral for Sleep service** |
| **Reasons for Referral for stepping stones program** |
| Suggested Outcomes |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| [ ]   | Progress to CAF |
| [ ]   | Link to Existing CAF |
| [ ]   | No Further Action |

 |

 |

  |
| Reason for Action Taken |