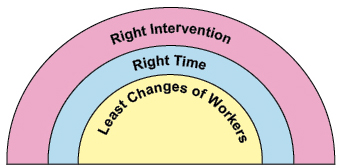
|  |
| --- |
| Family Support Team |
| Early Intervention and Prevention |
| Aiming High Family Support Team |
| Telephone 0151 934 3845 |



**Please send completed form to:**

**Email:** [**EIP.gateway@sefton.gov.uk**](mailto: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 |