

**It is a requirement for the Named Person or the Lead Professional to discuss with the receiving service prior to completion. (Please refer to guidance).**



## Named Person (NP) and Lead Professional (LP) Request For Assistance Form

|   |  |   |   |
|---|--|---|---|
| <b>Name of Service(s) Requested:</b>  |  |   |   |
| <b>If discussion has not been held with the requested service PRIOR to the RFA being submitted, why not?</b>  |  |   |   |
| <b>Please state the name and date:</b>  |  | <b>Name:</b>                                | <b>Date:</b>  |
| <b>Is the child eligible for two year old place? (Refer to Eligibility criteria).</b>   |  | YES <input type="checkbox"/>                | NO <input type="checkbox"/> Not applicable <input type="checkbox"/>   |
| <b>Child or Young Person's Named Person:</b>  |  |   |   |
| <b>Person completing this request</b>   |  |   |   |
| <b>Name</b>   |  | <b>Role</b>                                 | NP <input type="checkbox"/> LP <input type="checkbox"/>   |
| <b>Location</b>   |  | <b>Contact Number</b>                       |   |
| <b>E-mail</b>   |  | <b>Designation</b>                          |   |
| <b>Child/Young Person</b>   |  |   |   |
| <b>Name of Child</b>  |  | <b>Address / Town</b>                       |   |
| <b>Gender</b>   | Find a list <a href="#">here</a>                         | <b>Postcode</b>                             |   |
| <b>Date of Birth / CHI Number (if available)</b>  |  | <b>Phone Number</b>                         |   |
| <b>Age</b>  |  | <b>School/Early Years Provider</b>          |   |
| <b>Home Language(s)</b>   |  | <b>Preferred language for communication</b> |   |
| <b>Is the child on the CP register?</b>   | YES <input type="checkbox"/> NO <input type="checkbox"/> | <b>Care Experienced Child (LAC/LAAC)?</b>   | YES <input type="checkbox"/> NO <input type="checkbox"/>  |
| <b>Parent/Carer (only complete if different from above)</b>   |  |   |   |
| <b>Name of Parent/Carer</b>   |  | <b>Phone number</b>                         |   |
|   |  | <b>Address / Town</b>                       |   |
| <b>Email address</b>  |  | <b>Postcode</b>                             |   |
| <b>Reason for Request</b>   |  |   |   |
| <p>Explain your reason why this child's wellbeing is being affected by outlining, the <b>SITUATION</b> (what has been tried previously and current situation), <b>BACKGROUND</b> (factors which may be contributing to situation above), <b>ASSESSMENT</b> (summary of needs) and general <b>RECOMMENDATION</b> (outline your request).</p> <p><i>Please note box expands on typing</i></p> |  |   |   |
| <b>Desired Outcome(s) for Child/Young Person (Refer to <a href="#">Good Practice Outcomes Guide</a>)</b>  |  |   |   |
| Safe <input type="checkbox"/>   | Healthy <input type="checkbox"/>                         | Achieving <input type="checkbox"/>          | Nurtured <input type="checkbox"/> Active <input type="checkbox"/> Respected <input type="checkbox"/> Responsible <input type="checkbox"/> Included <input type="checkbox"/> |
| <i>Please note box expands on typing</i>  |  |   |   |
| <b>Information Sharing</b>  |  |   |   |
| <b>Has agreement been received to request assistance and share relevant information -</b>   |  |   |   |
| <b>from Parent/Carer?</b>   | Yes <input type="checkbox"/>                             | No <input type="checkbox"/>                 |   |
| <b>from Child (within their capacity)?</b>  | Yes <input type="checkbox"/>                             | No <input type="checkbox"/>                 |   |
| <b>Date Completed</b>   | Click here to enter a date.                              | <b>Date response anticipated</b>            | Click here to enter a date.   |

Ensure form is sent securely as per your service's guidance and a significant event added to the child's chronology.  
Please complete the Request for Assistance feedback form and return to the Named Person or Lead Professional, where possible, within **10 working days**. There is a duty to provide timely feedback.

[Note: Uncontrolled after printing]



## Request For Assistance **Feedback Form**

|                                  |  |
|----------------------------------|--|
| <b>Name of Service Provider:</b> |  |
|----------------------------------|--|

| Feedback provided by |                  |             |               |  |
|----------------------|------------------|-------------|---------------|--|
| Name                 | Role/Designation | Contact No. | Email Address |  |
|                      |                  |             |               |  |

| Child/Young Person                        |                                  |                             |  |
|---|----------------------------------|-----------------------------|--|
| Name of Child                             |                                  | Address                     |  |
| Gender                                    | Find a list <a href="#">here</a> | Town                        |  |
| Date of Birth / CHI Number (if available) |                                  | Postcode                    |  |
| Age                                       |                                  | School/Early Years Provider |  |
| Phone Number                              |                                  | School/Early Years Provider |  |

|  |
|--|
| <b>Action Taken</b> (provide an outline of work to be undertaken in relation to desired outcome(s) and timeframe for engagement) |
|--|

|   |
|---|
| <b>If onward sharing is required then agreement has to be sought from Parent/Carer/child (within their capacity), if appropriate.</b> |
|---|

|                       |                             |   |                             |
|-----------------------|-----------------------------|---|-----------------------------|
| <b>Date Completed</b> | Click here to enter a date. | <b>Date sent to Named Person or Lead Professional</b> | Click here to enter a date. |
|-----------------------|-----------------------------|---|-----------------------------|

*Ensure form is sent securely as per your service's guidance and a significant event added to the child's chronology. Please complete the Request for Assistance feedback form and return to the Named Person or Lead Professional, where possible, within **10 working days**. There is a duty to provide timely feedback.*  
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