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| **Liverpool Place Gateway Request for Discussion Form**  |
| **Child/Young Persons Details** |
| Name: | DOB: |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NHS Number**:(if known) |  |  |  |  |  |  |  |  |  |  |  |  |  |

 |
|  | **Yes** | **No** |
| EHCP |  |  |
| Family Support/Early Help |  |  |
| Child in Need (Section 17) |  |  |
| Child Protection Plan |  |  |
| Child cared for (please add status below) |  |  |
| At home – with family or independent  |  |  |
| In an acute setting |  |  |
| In T4  |  |  |
| In social care provision i.e. Residential home  |  |  |
| **Requester Contact Details:** |
| Name:Email: Tel: | Relationship to client/designation: |
| **Documents to be completed:** |
|  |
| **Consent:** |
|  | **Yes** | **No** |
| Is the child or young person aware of the request?  |  |  |
| Have they provided consent to this request?  |  |  |
| Parent /Carers are aware of the request?  |  |  |
| Have they provided consent to this request? |  |  |
| **Please send this form via our secure email address below:****liverpool.children@cheshireandmerseyside.nhs.uk** |