Support Request from Early Help and Social Care Services.

***You can make this request on-line via our dedicated Portal which is accessed via*** [*https://childrensportallive.hullcc.gov.uk/*](https://childrensportallive.hullcc.gov.uk/) ***. Please try this route first. Only use this Word Version if you cannot use our Portal.***

Please answer this form as much as you are able to, so we understand who you are and why you are contacting us. We will usually contact you to discuss your support request, so please make sure you have given us your contact details.

If you want to contact us directly you can do so by dialling 01482 448 879 option 4 (Office Hours) or 01482 300 304 (Out of hours)

*NB: If you are a member of the public or a young person, please use the Public or Young Person’s version of this form. You can find this here:* [*http://www.hull.gov.uk/children-and-families/safeguarding-and-welfare/worried-about-child*](http://www.hull.gov.uk/children-and-families/safeguarding-and-welfare/worried-about-child)

# About You

Please provide us with your contact details.

|  |  |
| --- | --- |
| First Name  | Click or tap here to enter text. |
| Last Name | Click or tap here to enter text. |
| Date of Birth | Click or tap here to enter text. |
| Email  | Click or tap here to enter text. |
| Telephone Number | Click or tap here to enter text. |
| What is your role in the family?  | Click or tap here to enter text. |
| Do you want to remain anonymous from the child and family? | [ ] Yes [ ] No |
| If you want to remain anonymous, please tell us why so we understand it. | Click or tap here to enter text. |

How would you like us to provide you with feedback? (e.g. telephone, email, letter, office visit)?

 Click or tap here to enter text.

# About The Child or Young Person

Please provide as much detail as you are able to for each child in your family.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name** | **Last Name** | **Date of Birth /Age or when a baby is due**  | **Gender** *(Male/Female/Not Known/ Unborn)* | **Address** | **Telephone Number and/or Email** | **Ethnicity** | **NHS Number** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

# About why you are contacting us

Are you worried that a child or young person is currently at risk of harm and requiring immediate protection? [ ] Yes [ ] No

**WARNING: If you or anyone you know is in danger you must dial 999 and speak to the Police.**

**Please do not continue to complete this form right now but pick up the phone and call our office so we can speak to you right away. You can save this form and come back to it later if need be. You can contact us as follows:**

**01482 448 879 Option 4 (Office Hours)**

**01482 300 304 (Out of Hours)**

Why are you asking us for help or support?

Click or tap here to enter text.

Is there anything else that you think we should know about at all?

Click or tap here to enter text.

Is there anyone else supporting you or your family? If so, who are they and can we contact them? *Please give us their contact details so we can get in touch.*

Click or tap here to enter text.

Tell us how you think we could help and if you have already tried to get help in other ways please tell us about that too.

Click or tap here to enter text.

# Submitting your Referral

This form should be sent to Early Help and Safeguarding Hub (EHaSH) mailbox: EHASH@hullcc.gov.uk.

If you are sending anything else to us with this form, please list it below so we know to look for that as well.

Click or tap here to enter text.

Please tell us why you were not able to use the on-line portal route to complete this form on this occasion

Click or tap here to enter text.

**Thank you for your Request.**

**We aim to respond to all support requests within 24 hours.**