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Families Together East Lothian Team

Request for Assistance

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| **Section 1: Child/ children’s details**  |
| Name:  |  | Date of Birth:  |  |
| Address:  |  |  |  |
| Contact No:  |  | E-Mail:  |  |
| School: |  | Stage/Year:  |  |
| Referring agencyName:Contact details: Has a Child Planning Meeting been held ? |  Reason for referral: |
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| **Section 5: Consent**  |
| Your information is being collected by East Lothian Council. It will be used by the Whole Family Wellbeing Team to support the assessment of additional support needs and contribute to the planning required to meet those needs.  |

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| We promise to collect, process, store, and share your data safely and securely. Your personal data and special category data will be kept for 5 years after your support ends. If you notice a mistake in the information we hold, you can ask us to correct this. You can obtain a copy of the personal information we hold by making a request in writing to sar@eastlothian.gov.uk. |
| We will, where appropriate, and when in the best interests of the child, seek and share appropriate and proportionate information with partner agencies.  |
| You may refuse to allow information to be shared with others.If it is felt that a child or young person is at risk we must share information. There are laws around the storage and use of personal and special category data.Further details of our Privacy Notice can be found on the Council website [www.eastlothian.gov.uk/privacy](http://www.eastlothian.gov.uk/privacy). |
| **Parent/Carer Consent**  |
| I agree to a Request for Assistance for myself and my child being made to the Families Together Team.  | **Yes** |[ ]  **No** |[ ]
| I consent to the Families Together Team holding my child’s personal information.  | **Yes** |[ ]  **No** |[ ]
| I agree to my child’s personal information being shared with partner agencies. | **Yes** |[ ]  **No** |[ ]
| **Signature** |  | **Date** |  |
| **Young Person Consent (to be completed if over 12)**  |
| I agree to a Request for Assistance being made to the Families Together Team. | **Yes** |[ ]  **No** |[ ]
| I consent to the Families Together Team holding my personal information. | **Yes** |[ ]  **No** |[ ]
| I agree to my personal information being shared with partner agencies. | **Yes** |[ ]  **No** |[ ]
| **Signature**  |  | **Date**  |  |
| **Please send completed RfA to:** familiestogether@eastlothian.gov.uk  |