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| **EHAF Logging Form with TAC**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Please complete this information for all early help assessments** | | | | | | **Name of referrer:** |  | | | | | **Contact details of referrer:** | **Telephone number:** | | | | |  | **Email address:** | | | | |  | **Work base i.e. name of school, team or children’s Centre:** | | | | | **Organisation referring:** | Choose an item. | | | | | **Date of Referral received by the Early Help Unit:** |  | | | | | **Name of Early Help Officer completing this form:** | Choose an item. | | | | | **Name of Child / Young Person:** |  | | | | | **Date of Birth:** | **Current age:** | | **Unborn:** Choose an item. | | | **Ethnicity:** Choose an item. | **Diagnosed Disability:** Choose an item. | | | | **Address:** | **Post Code:** | | | | **Telephone number:** | | | | **Parents names & Dates of Births:** | |  | | | **Evidence of consent provided on referral form or verbally by referee**: | | Choose an item. | | | **Pathway to Provision level on initiation** | | Choose an item. | | | **Main presenting reason for the child or young person:** | | Choose an item. | | | **Main presenting reason for the parent/carer:** | | Choose an item. | | | **Main presenting reason for the family:** | | Choose an item. | | | **Involvement with Children's Social Care** | | Choose an item. | |  | **Lead Professional details for EHAF or Family Star:** | | | --- | --- | | **Name:** | **Role:** | | **Service:** | **Base:** | | **Telephone number:** | **E-mail address:** | | **Start date:** | **End date:** | |