|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Early Help Assessment (EHAF) Registration Form**

|  |
| --- |
| **Please complete this information to register all early help assessments (not referrals)** |
| **Name of referrer:**  |  |
| **Contact details of referrer:** | **Telephone number:**       |
|  | **Email address:**  |
|  | **Work base i.e. name of school, team or children’s Centre:**   |
| **Organisation registering EHAF:** | Choose an item. |
| **Name of Child / Young Person:**   |  |
| **Date of Birth:**  | **Current age:**       | **Unborn:** Choose an item. |
| **Ethnicity:** Choose an item. | **Disability:** Choose an item. |
| **Address:**  | **Post Code:**       |
| **Telephone number:** |
| **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. |

|  |
| --- |
| **Information required for EHAF only** |
| **Date assessment initiated:**       |
| **Date assessment completed:**       |

| **Lead Professional details for EHAF:** |
| --- |
| **Name:**       | **Role:**       |
| **Service:**       | **Base:**       |
| **Telephone number:**       | **E-mail address:**       |
| **Start date:**       | **End date:**       |

 |