

For office use
Date of Receipt

Durham Portage Service Request for Involvement

Name of child:		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of birth:			
Current home address (including postcode):			
Is current home address protected?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Language spoken at home:			
Full name and title of person with parental responsibility:			
Relationship to child:	Living with child	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Address if different to above:			
Contact details Mobile/landline:			
Email address:			
Full name and title of person with parental responsibility:			
Relationship to child:	Living with child	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Address if different to above:			
Contact details Mobile/landline/Email			

Local Authority Involvement	
Is the child subject to a LA child protection plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is a team around the family in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please provide details of social worker/lead professional as appropriate	
Name:	
Position:	
Contact information:	

Please inform the Durham Portage Service if any of these details change



Is the child in Local Authority Care? Yes No

If yes, please provide details of main carer(s) and indicate if current home address is protected

Full name and title of carer(s):

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Health

Please provide name and contact details of the child's health visitor:

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Information about the child

Please provide a summary of the child's development:

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In what aspects of the child's development would parents/carers like support from Portage?:

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Additional relevant information including details of other professionals involved/referrals made:

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Consent for Portage Involvement

Parents/persons with parental responsibility to note:

1. The Portage Service will keep records, including computer records, of their involvement with your child.
2. If Portage involvement is agreed the Portage Education Worker will work in partnership with you in all aspects of their work in relation to your child.
3. All Portage Education Workers must work within a code of confidentiality; however, they may need to share information with other services if it is appropriate to do so. Portage Education Workers also have a duty to pass on information if they have concerns about a child's welfare or safety

Do you agree to the Portage Service becoming involved?

Yes No

Do you agree to information from other professionals being shared with the Portage Education Worker?

Yes No

*Signature of parent/person with parental responsibility:

Name:

Relationship to child:

Date:

***Signed consent is essential to enable this request to be considered**

Name of referrer:

Relationship to child:

Contact number:

Address:

Date:

Please note: Portage Education Workers will be carrying out visits to the child's home and it is essential that they are informed of any concerns about personal safety.

Please return form to:

Portage Service Manager
Durham Portage Service
Education Development Centre
Enterprise Way
Spennymoor
Co Durham
DL16 6YP
Tel: 03000 263 333 / 263 350