



## NPT Team Around the Family Request for Service

\*Please note that this form needs to be completed together with the parent/carer

Details of the child / young person who is the main focus of this request	
Full Name of child	
Date of Birth	
Name of school	
Main Carers name	
Address (inc post code)	
Telephone Number	
Preferred language	
Name of referrer	
Agency Details (including Contact Address)	
Telephone number	
Email address	

Family Composition – Please include all significant family members						
Family Member	First Name	Surname	DOB	Ethnicity	School	Household Member Yes/No

Key agency involvement (please state if previous or current)			
Agency	Contact Name	Telephone No.	Previous/Current


**Please state which of the following indicators may apply to any member the family in the household and add relevant information alongside**

1. Are there any issues concerning the family home (eg. home conditions, overcrowding, rent arrears, lack of necessary equipment, safety, etc.)?	
2. Are there any issues concerning the parent's work, training, income, spending etc. which impact on the children ?	
3. Are there any issues concerning the family and their neighbourhood, lack of family or friends' support, or social isolation and inability to use local services ?	
4. There are concerns over a child in the household's attendance and/or behaviour at school or formal education.	
5. A child in the household has additional learning needs or a disability (eg. ADHD, Autistic Spectrum Disorder, etc.) which effects their ability to learn and develop, or prevents their achievement in learning.	
6. A child in the household has poor health or complex health needs which prevent usual activities and relationships.	
7. A child in the household is showing signs of emotional distress or is experiencing neglect.	
8. Relationships in the family are damaged or emotionally difficult or lacking in warmth. or the child(ren) do not feel safe and secure at home.	
9. A child in the family is showing poor or anti-social behaviour at home or in school or in the community, or is unable to mix socially.	
10. A household member is known to misuse substances including alcohol, or there are past difficulties which may recur in the future.	
11. A parent has a longstanding illness, disability or infirmity that limits their daily activities or ability to provide for the family's basic care needs.	
12. A parent or child in the family has mental health needs which impacts on	

relationships in the family.	
13. The parent(s) response to the children's behaviour is inappropriate and unsatisfying and guidance and advice is requested.	
14. There have been separations in the family or loss which has continuing impact on the parent(s) or children	
15. There has been (or is) domestic abuse between the parents or partners or the child(ren) do not feel safe and secure at home.	

**What are the known strengths within the family?**

**In what areas do you consider this family needs support?**

**What support do you think the family would benefit from?**

**What else has already been tried?**

**Are there any significant events or further information that would be helpful in determining a need for service?**

**Are you aware of any dangers associated with home visits? (e.g. dangerous dogs, violent persons, syringes)**

Yes / No / (delete as appropriate)

Details:

**Team Around the Family – Consent**

I confirm that the details given in this Request for Service form has been shared with me	Yes/No
I have received a Team Around the Family Information Leaflet	Yes/No
I consent to a Team around the Family Assessment	Yes/No
I consent to and understand that information gained within the Team around the family documents about me can be shared with key partner agencies	Yes/No

Name and/or Signature of parent/carer/holder of parental responsibility	Date
Child/young person’s name and/or signature as /if appropriate	Date

Name and designation of person gaining consent who can confirm that they have explained the consent process to the parent/carer/child or young person and to the best of their knowledge the same is understood.

Name .....

Designation .....Date.....

Signature.....

*Please indicate (circle) whether you as the referrer have received written and/or verbal consent to refer to the Team around the family.*

**Written consent**

**Verbal Consent**

**Please return completed form to:**

**[TAF@npt.gov.uk](mailto:TAF@npt.gov.uk)**

*Or alternatively send to*

Team Around the Family, Taibach Library, Commercial Road, Taibach, SA13 1LN

<b>Office Use Only</b>		
Response notes		
<b>Is this person/family already known to the team or have been previously known to TAF?</b>	<b>Yes</b>	<b>No</b>
<b><u>Details:</u></b>		
<b>TAF request Accepted?</b>	<b>Yes</b>	<b>No</b>
<b><u>Further action:</u> (e.g. return to referrer for further information, Child Protection or other safeguarding concerns.)</b>		
<b>TAF Co-ordinator /Family worker allocated:</b>		
<b>Project Manager's signature:</b>	<b>Date:</b>	