|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Liverpool Place Gateway Request for Discussion Form** | | | | | | |
| **Child/Young Persons Details** | | | | | | |
| Name: | DOB: | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **NHS Number**:(if known) |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | |
|  | | | **Yes** | | **No** | |
| EHCP | | |  | |  | |
| Family Support/Early Help | | |  | |  | |
| Child in Need (Section 17) | | |  | |  | |
| Child Protection Plan | | |  | |  | |
| Child cared for (please add status below) | | |  | |  | |
| At home – with family or independent | | |  | |  | |
| In an acute setting | | |  | |  | |
| In T4 | | |  | |  | |
| In social care provision i.e. Residential home | | |  | |  | |
| **Requester Contact Details:** | | | | | | |
| Name:  Email:  Tel: | | Relationship to client/designation: | | | | |
| **Documents to be completed:** | | | | | | |
|  | | | | | | |
| **Consent:** | | | | | | |
|  | | | | **Yes** | | **No** |
| Is the child or young person aware of the request? | | | |  | |  |
| Have they provided consent to this request? | | | |  | |  |
| Parent /Carers are aware of the request? | | | |  | |  |
| Have they provided consent to this request? | | | |  | |  |
| **Please send this form via our secure email address below:**  **liverpool.children@cheshireandmerseyside.nhs.uk** | | | | | | |