



North Tyneside Council

North Tyneside Council
 Front Door
 Quadrant East
 Silverlink North
 Cobalt Business Park
 North Tyneside
 NE27 0BY
 0345 2000 109

childrenandadultscontactcentre@northtyneside.gov.uk

North Tyneside Contact Form			
Details of child(ren)			
Family Name:		Given Names:	
DOB or Expected Date of Delivery:		Gender:	
Child's / Young person's Ethnicity:		Primary Language or preferred means of communication:	
Child / Young Person's Religion:		Is an Interpreter or Signer Required:	
Primary Address:		Telephone Number:	
		Mobile Number:	
NHS Number:			
Does the child have a disability? If so detail:			
Is there a Child Sexual Exploitation Concern?			
Contact Details			
Date of Contact:			
Time of Contact:			
Contact Method:			
Reason for Contact:			
Any Further Details:			
Who has made contact?			
Professional:			
Position:			
Agency:			
Address:			
Telephone:			
Email:			
How do you know the child?			
If professional include role and organisation details			

For professionals only: How would you like us to provide you with feedback?								
Consent: Consent to make a Referral to Children's Social Care								
<i>Permission should always be sought from an adult with parental responsibility for the child / young person before passing information about them to Children's Social Care, UNLESS seeking permission would place the child at risk of significant harm or may lead to the loss of evidence for example destroying evidence of a crime or influencing a child about a disclosure made. If a child is at immediate risk of significant harm, a referral to Children's Social Care SHOULD NOT BE DELAYED whilst consent is sought.</i>								
Does the family know you are making this referral to us? Has consent been obtained?						Date consent obtained:		
If yes, what are the parent / carer / child's view of the referral?								
If No, explain the immediate risk that has prevented you from obtaining consent:								
Key Relationships and Networks								
Other Household Members								
Relationship	Name	DOB	Gender	Ethnicity	Language	CSSR	Referral	School
Other Important People								
Relationship	Name	Date of Birth	Gender	Ethnicity	Address			
Any Communication Needs (including language and disability of the other key relationships and networks:								
Services Working with the Family								
Professional Full name	Agency / Role			Address & Postcode		Telephone Number		
What is going well? What are you worried about?								
What is going well for this child and the family?								
What have you seen or heard that you are worried about?								
Has this happened before?								
Tell us about a time when you weren't worried or concerned?								

Have you spoken to anyone in the family about your worries or concerns? If not why not?	
Do you know if there is anyone within the family or the community helping the family? If so, please provide details and comment on how this is going.	
Is there an Early Help Assessment or Plan in place for this child/family or has one been considered? If not why not?	
How worried are you?	
Where do you rate the situation at the moment on a scale of 10-0 where 10 means that everything is now sorted for the child, they have people around who care for them and help to keep them safe and free from harm and 0 means the child is in danger or has already been hurt?	
What are the reasons you chose that number?	
What do you need to see to improve it by 1?	
What do you think needs to happen next?	
Who else could provide help to the family?	