

Request for Support Form

Vision Statement	<p>To provide young people with information, knowledge and tools to help build their resilience and ability to manage risks and make positive choices.</p> <p>We will achieve this by delivering Transforming Lives as a targeted early intervention programme that works in partnership with professionals, young people and families to reduce the risk of young people's involvement in antisocial behaviour, child criminal and sexual exploitation, violence and gangs.</p>
Criteria for participants	Young people between the ages of 11 – 16 who are at risk of being involved in antisocial behaviour, child criminal and sexual exploitation, crime, violence and gangs.

Young Person's Name	
Date of Birth	
Young Person's Address	
	Post Code:
Young Person's Contact Number	
Parent/ Carer's Name	
Does this person have Parental Responsibility (PR)?	Yes No
Parent / Carer's Contact Number	
Current School/Education Provider	
Year Group	

Name of Person Completing the Form	
Organisation	
Job title	
Email	
Telephone Number	

Risk of Child Sexual Exploitation and/or Child Criminal Exploitation		Please answer yes or no to tell us if you completed the task.
	Please send us a copy of the young person's Exploitation (CSE / Criminal Exploitation) Risk Assessment and Management Tool completed within the last 3 months . Here is the link to the form: Exploitation-Risk-Management-Tool.docx (live.com)	
	Please also send your completed Exploitation (CSE/CCE) Risk Assessment to METHub@cambridgeshire.gov.uk	
	If the young person has an active Early Help Episode, have you uploaded the Risk Assessment Liquid Logic?	
Equality Diversity and Inclusion		Please provide data and/or information as appropriate
	Young person has disabilities and Special Educational Needs (SEN). Please also tell us if the young person has an Education Health Care Plan (EHCP)	Yes or No
	Ethnicity of young person (Please refer to Ethnicity Appendix on the last page)	
	Free School Meals & Pupil Premium	Yes or No
	Gender	
	Language/Preferred method of communication	
	Religion/faith	
	Sexual orientation (LGBTQ+ any other orientation)	
Behaviour related needs and risks in the last 12 months.	School attendance data	
	Exclusions <ul style="list-style-type: none"> • Number of fixed term exclusions • Number of Managed Moves • Permanent exclusion 	
	Number of internal sanctions e.g., internal isolation	

<p>Please tell us why you are referring the young person to Transforming Lives?</p>	
<p>Please tell us what support has been provided to the young person over the last 12 months.</p>	
<p>Does the young person have an open Early Help Assessment or Child and Family Assessment? If yes, please provide the name of the Lead Professional.</p> <p>Please note that if we identify that a young person requires an Early Help Assessment whilst participating in Transforming Lives, we will contact you to discuss completing an Early Help Assessment</p>	
<p>Is the young person on the Problem-Solving Group (PSG)? If yes, please tell us why.</p>	
<p>Please provide other relevant information we should be aware of such as Emotional Health and Wellbeing needs, medical needs, personal circumstances</p>	

Consent

For the Cambridgeshire County Council Privacy Notice and further information on how we use your personal information please see the web link below, by giving verbal and/or written consent you are agreeing the details set out in the web link.

<https://www.cambridgeshire.gov.uk/council/data-protection-and-foi/information-and-data-sharing/privacy-statement/early-help-privacy-notice>

Please note that a young person must give consent to engage in Transforming Lives.

Young Person's Signature	
Parents/Carers' Signature	
If you have verbal consent, please include names of individuals who gave consent and date consent was given.	
Please tell us the views of the a. Young person b. Parent/Carer.	

Please return the completed referral form to the relevant Early Help Team :

Peterborough: denham.hughes@peterborough.gov.uk

Cambridge City Early Help District Team:
districtearlyhelpteam.cambridgecity@cambridgeshire.gov.uk

East Cambs Early Help District Team:
districtearlyhelpteam.eastcambs@cambridgeshire.gov.uk

Huntingdon and St Ives Early Help District Team:
districtearlyhelpteam.huntingdon@cambridgeshire.gov.uk

March Chatteris and Whittlesey Early Help District Team:
districtearlyhelpteam.march@cambridgeshire.gov.uk

South Cambs Early Help District Team:
districtearlyhelpteam.southcambs@cambridgeshire.gov.uk

St Neots Ramsey Sawtry and Yaxley Early Help District Team:
districtearlyhelpteam.stneots@cambridgeshire.gov.uk

Wisbech Early Help District Team:
districtearlyhelpteam.wisbech@cambridgeshire.gov.uk

Ethnicity Appendix.

White British	A1	Indian	C1
White Irish	A2	Pakistani	C2
Any Other white background	A3	Bangladeshi	C3
Traveller / Irish Heritage	A4	Any Other Asian background	C4
Gypsy / Roma	A5	Caribbean	D1
White / Black Caribbean	B1	African	D2
White / Black African	B2	Any Other Black background	D3
White / Asian	B3		
Chinese	E1		
Any Other ethnic background	E2		
Refused	E3		
Information not yet obtained	E4		