## **Early Help Registration Crib** Sheet:





## 0113 3760336 (Option 1) families.first@leeds.gov.uk

| Your Details   |            |   |               |      |  |  |  |
|--|------------|---|---------------|------|--|--|--|
| Your Name:   |            | Your Job T                                | itle:         |      |  |  |  |
| Your Agency:   |            | Contact No                                | ):            |      |  |  |  |
| Your Email:  |            | Consent received from Y / N Parent/Carer? |               |      |  |  |  |
| Child's Details (You will need the following details for all the children in the family) |            |   |               |      |  |  |  |
| Family Address:  |            |   | Postco        | ode: |  |  |  |
| Child's Name:<br>(Any Aliases?)  |            |   |               |      |  |  |  |
| DOB or E.D.D:  | Ethnicity: |   |               |      |  |  |  |
| Gender:  |            | Does this child<br>have a disability?     |               |      |  |  |  |
| Child 2  |            |   |               |      |  |  |  |
| Child's Name:<br>(Any Aliases?)  |            |   |               | _    |  |  |  |
| DOB or E.D.D:  |            | Ethnicity:                                |               |      |  |  |  |
| Gender:  |            | Does this child have a disability?        |               |      |  |  |  |
| Child 3  |            |   |               |      |  |  |  |
| Child's Name:<br>(Any Aliases?)  |            |   |               |      |  |  |  |
| DOB or E.D.D:  |            | Ethnicity:                                |               |      |  |  |  |
| Gender:  |            | Does this child<br>have a disability?     |               |      |  |  |  |
| Parent/Guardian Details  |            |   |               |      |  |  |  |
| Parent/Carers Name:  |            |   | DOB:          |      |  |  |  |
| Address:   |            |   | Relationship: |      |  |  |  |
| Contact No:  |            |   | Mobile        | No:  |  |  |  |
| Parent/Carers Name:  |            |   | DOB:          |      |  |  |  |
| Address:   | Relation   |   | onship:       |      |  |  |  |
| Household Members  |            |   |               |      |  |  |  |
| Name:  |            |   | DOB:          |      |  |  |  |
| Relationship to child:   |            |   |               |      |  |  |  |
| Name:  |            |   | DOB:          |      |  |  |  |
| Relationship to child:   |            |   |               | I    |  |  |  |
| Name:  |            |   | DOB:          |      |  |  |  |

Please select all options that apply to each child/ren. If an individual sibling has a specific need please indicate as appropriate. Where needs of the adults have an impact on the child please be clear what consequent needs the child has e.g. parental alcohol misuse impacts on child school attendance. If you select the option "Abuse or Neglect", you must have considered making contact with Children's Social Work Services.

| Identified Needs from Early Help A | ssessment |
|------------------------------------|-----------|

| Child                                |   |   |  |  |  |
|--------------------------------------|---|---|--|--|--|
| Abuse or Neglect                     | Domestic Abuse                                | Homeless Housing Needs                      |  |  |  |
| Alcohol Misuse                       | Drug Misuse                                   | Missing Education                           |  |  |  |
| Attendance and Exclusions            | Gangs   | Not in Education, Employment<br>or Training |  |  |  |
| Child Sexual Exploitation            | Develop Social Skills And Enjoy<br>Recreation | Learning Disability                         |  |  |  |
| Emotional<br>Wellbeing/Mental Health | Physical Health Needs                         | Problematic/Harmful Sexual<br>Behaviour     |  |  |  |
| Self-Harm/Risk of Suicide            | Socially Unacceptable Behaviour               | Teenage Pregnancy                           |  |  |  |
| Young Carer                          | Youth Offending                               |   |  |  |  |
|                                      | Parent/Carer                                  |   |  |  |  |
| Alcohol Misuse                       | Benefits/Financial Issues                     | Criminal Activity                           |  |  |  |
| Domestic Abuse                       | Drug Misuse                                   | Housing Need                                |  |  |  |
| Learning Disability                  | Emotional Wellbeing/Mental Health             | Non-Engagement with Health<br>Services      |  |  |  |
| Parenting Support                    | Physical Disability or Health Needs           | Socially Unacceptable<br>Behaviour          |  |  |  |
| Other Family/Household Member        |   |   |  |  |  |
| Alcohol Misuse                       | Benefits/Financial Issues                     | Criminal Activity                           |  |  |  |
| Domestic Abuse                       | Drug Misuse                                   | Housing Need                                |  |  |  |
| Learning Disability                  | Emotional Wellbeing/Mental Health             | Non-Engagement with Health<br>Services      |  |  |  |
| Parenting Support                    | Physical Disability or Health Needs           | Socially Unacceptable<br>Behaviour          |  |  |  |

Person ID:

When registered, you will be given a person ID on the child or eldest child in the family.

## The following Data Protection statement is the most current and needs to be replicated in the forms you use:

In accordance with the Data Protection Act 1998 we must inform you that by signing this form you are giving your consent to process the information we collect from you whilst we have involvement with you and your family, for the purposes of providing support. This information may be shared, but only where appropriate, with other relevant professionals and organisations, such as the NHS, Leeds City Council, and Families First programme. Sharing with the Families First programme may allow us to access additional family support and/or funding for you

Each agency is duty bound to follow data protection and child protection policies and guidelines and will ensure the safe transfer and storage of any information they record. I agree that information about my family may be shared, and sought from other relevant agencies to help ensure that my child/ren and family receives the support we need. If there are changes in family circumstances or our family no longer want support from any of the services involved or offered it is understood by everyone that it is the responsibility of the parent/carer to inform the requesting agency or worker.

The Council may have to give some of the information we collect from you to relevant government departments, such as the DfE or the DCLG, for research purposes and with the aim of making the services of Leeds City Council better. Any sharing will be done only where it is necessary or where we are legally obliged to do so and is strictly in accordance with the Data Protection Act. Your information may be collated or monitored, where possible in an anonymized format, to ensure you receive the correct support and services. Should you choose not to consent to sign this form then please note we may still be required under law to process and share the information in this form without your agreement, for example when we believe a child is at significant risk of harm.