Notes for use:
PLEASE CHECK WITH THE CAF TEAM PRIOR TO COMPLETION AS TO WHETHER A RFS/CAF IS ALREADY IN PLACE (caf@wokingham.gov.uk or 0118 974 6220/6274).

You can use this form to request **one single service** listed at the end of this form.
- Where there is a CAF already in place please update and use to request additional service(s).
- Please note some services may require additional information – please check the Service Guidelines document via www.wokingham.gov.uk/caf.
- If you feel the child needs **two or more services**, please complete a CAF.
- Before you email/send this completed form plus any attachments to the CAF Co-ordinator, you **must have the agreement of the child / young person or their parent to the request being made**.
- Completed forms contain personal data, which must be protected and only shared in line with the Data Protection Act 1998.

#### Sensitive Information
Is there anything a worker should know before contacting / visiting the family e.g. dogs on the premises? Is there sensitive information relating to an employee of Wokingham Borough Council / partner agency?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the child / young person in Care?</td>
<td></td>
<td></td>
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<tr>
<td>Is the child / young person subject to a Child Protection Plan?</td>
<td></td>
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<tr>
<td>Does the child / young person have an SEN Statement?</td>
<td></td>
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</tr>
</tbody>
</table>

#### Identifying & Contact Details

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forename(s)</td>
<td></td>
</tr>
<tr>
<td>Date of birth (due date, if unborn)</td>
<td></td>
</tr>
<tr>
<td>Sex: Male/Female</td>
<td></td>
</tr>
<tr>
<td>Contact name of parent/carer</td>
<td></td>
</tr>
<tr>
<td>Contact telephone no.</td>
<td></td>
</tr>
<tr>
<td>Contact address</td>
<td></td>
</tr>
<tr>
<td>Postcode:</td>
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</tbody>
</table>

#### Request Details

**Does the child / young person appear to be healthy?**

*Please include any vision / hearing / co-ordination problems.*

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
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<tbody>
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</table>
GP contact details (please include address):

Does the child / young person use/misuse alcohol and / or drugs:

- Yes ☑
- No ☐

NHS number: (only required by Speech & Language Therapy)

If yes, consider a referral to Children & Young People Substance Misuse Service.

Does the child / young person appear to be safe?

If you have any Child Protection/Social Care concerns, follow your local Safeguarding procedures without delay. Contact the Referral and Assessment Team (0118 908 8002).

- Yes ☑
- No ☐
- Not sure ☐

Does the child / young person appear to be enjoying & achieving (learning & developing)?

Please include any supporting assessments and test data where appropriate.

- Yes ☑
- No ☐
- Not sure ☐

Current pre-school / School / College/ Training environment contact details:

(please indicate if it has a Resource Unit)

Does the child / young person appear to be involved in positive activities (clubs/hobbies)?

- Yes ☑
- No ☐
- Not sure ☐

Does the child / young person appear to be disadvantaged due to lack of financial or material resources?

- Yes ☑
- No ☐
- Not sure ☐
### Actions Taken & Their Outcomes

Give a brief summary of the things already tried, and their outcomes for the child / young person and the family (as appropriate). Identify any other agencies involved.

<table>
<thead>
<tr>
<th>Actions Taken &amp; Their Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Parent(s) / Child/Young Person’s views

What are the views of the parent(s) and child/young person if age appropriate?

<table>
<thead>
<tr>
<th>Parent(s) / Child/Young Person’s views</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### Analysis & Conclusion

<table>
<thead>
<tr>
<th>Analysis &amp; Conclusion</th>
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<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Services</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>*Speech &amp; Language Therapy</td>
</tr>
<tr>
<td>*Learning Support Service via conversation at MDPM</td>
</tr>
</tbody>
</table>

You may select multiple services from the box below without completing a CAF.

You may request one service from the list below without completing a CAF.

If you select more than one service (including any from the box above) a full CAF should be completed.

Adoption Support

<table>
<thead>
<tr>
<th>Acceptable Behaviour Contract</th>
<th>*BACYP Youth Volunteering &amp; Activities (TYS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSIST – Autistic Spectrum Service</td>
<td>Children &amp; Young People Substance Misuse Service (TYS)</td>
</tr>
<tr>
<td>Discussion at Early Support Panel – (early years)</td>
<td>*Connexions Intensive Personal Advisor (TYS)</td>
</tr>
<tr>
<td>Early Bird / Early Bird Plus Parenting programme</td>
<td>Youth Service - includes Positive Activities Inclusion Project – PAIP (TYS)</td>
</tr>
<tr>
<td>*Family Workers within Children’s Centres</td>
<td>Youth Service School Inclusion Work (TYS)</td>
</tr>
<tr>
<td>Health Visitor</td>
<td>Youth Offending Early Prevention Service (TYS) includes an ONSET assessment</td>
</tr>
<tr>
<td>Health Visitor - Teenage Parents</td>
<td>*Young Persons Sexual Health Worker (TYS)</td>
</tr>
<tr>
<td>Midwife – Teenage Pregnancy &amp; Parenting</td>
<td>Young Carers Co-ordinator</td>
</tr>
<tr>
<td>Parenting &amp; Family Support</td>
<td></td>
</tr>
<tr>
<td>Sensory Consortium Service</td>
<td></td>
</tr>
<tr>
<td>School Nurse</td>
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*Service Requirements

*The services marked with an asterisk require specific information, please refer to the Service Guidelines document which can be accessed via www.wokingham.gov.uk/caf

Consent

Please confirm the attached consent form has been signed without restriction for this request for service and you have a hard copy on file?

Yes |

Consent Date: |

Who has given consent?

Parent(s) |

Young Person |

Details of Organisation / Practitioner

Name and agency of the practitioner who has completed his form (please include email address and contact number) |

Completion Date: |

Signature:
Next Steps

- Please obtain informed consent using the separate Consent Form attached.
- Please print off hard copies of the Request for Service and Consent Form which has the parent’s signature and give a copy to the parent and retain a copy for your records.
- Please send the Request for Service form by secure email to the CAF Co-ordinator to: caf@wokingham.gov.uk please note organisations without a secure email address, the form should be sent by post/delivered to CAF Team, Children’s Services, Wokingham Borough Council, 2nd Floor Shute End, Wokingham RG40 1BN
- You will receive an acknowledgment of receipt within 48 working hours.
- If you have any queries please contact Wokingham CAF Team on 0118 974 6220/6274.

<table>
<thead>
<tr>
<th>For CAF Team use only</th>
<th>Agency Checks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Care</td>
<td>Details</td>
</tr>
<tr>
<td>YOS</td>
<td>Details</td>
</tr>
<tr>
<td>RFS/CAF</td>
<td>Details</td>
</tr>
</tbody>
</table>
Consent form
Common Assessment Framework
for children and young people

Notes for use:
If you have any Child Protection concerns, follow your local Safeguarding procedures without delay. Contact the Referral and Assessment Team and complete a Multi Agency Referral Form (MARF).
Completed forms contain personal data, which must be protected and only shared in line with the Data Protection Act 1998

Identifying Details of the Child / Young Person
If the child is unborn, give the forename as ‘unborn baby of…’ plus the mother’s forename.

<table>
<thead>
<tr>
<th>Sex</th>
<th>Male</th>
<th>Female</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Forename(s)    Surname
Previous / aka forename Previous / aka surname
EDD if unborn Date of birth

Consent To Share Personal Information
You are asked to consent to personal information about you / your child being shared with other organisations where it is appropriate to do so.

Information obtained during an assessment and subsequently, and any information already held, may be shared with others directly involved in caring for you / your child.

The purpose of sharing information is to enable suitable services to be provided, through a better understanding of strengths and needs. Access to the information will only be given to staff who have a reason to see it. Information can be shared without permission where there might be a child at risk or has been harmed, or where a serious crime has or may be committed.

Your information is protected by the Data Protection Act 1998. This means that the information will only be used for the reasons we have stated. It will be kept safe and secure and you have the right to see what information is being kept about you – please refer to our Information Sharing Notice at the back of this form.

I give my consent for information about me / my child to be shared with any appropriate agency in order to help me / my child receive a better service.

I understand that by signing this form I will not affect my rights under Data Protection or Human Rights law. I understand that at any time I can change or withdraw my consent by notifying the person who has completed this Assessment with me.

Signature of young person* where appropriate
Date
Signature of person with parental responsibility where appropriate
Date

* Children aged 12 or above may generally be expected to have sufficient understanding. When assessing a child’s understanding you should explain the issues to the child in a way that is suitable for their age, language and likely understanding. Please check The Fraser Guidelines for further information via the above link.

When this form has been completed and signed, the practitioner is to retain the original for their records and is to provide a copy to those who have signed the form.
Information Sharing Notice

Wokingham Borough Council Children’s Services has brought together a number of support agencies in one place, in order to provide a joined-up service for vulnerable children, young people, and their families. Our aim is to support or intervene at an earlier stage, where possible, to try to avoid potential problems before they become more serious.

The agencies include Wokingham Borough Council, Berkshire West NHS Primary Care Trust and Connexions Berkshire. Where applicable, other participating agencies may include Wokingham Youth Offending Service, Wokingham police plus any relevant voluntary organisations through the umbrella organisation Voluntary Action Wokingham Borough.

Our Neighbourhood Teams and CAF Panels include:

- Children’s Centres
- Connexions Intensive Personal Advisors
- Educational Psychologists
- Education Welfare Officers
- ASSIST (ASC)
- Parenting & Family Support
- CAMHS
- Social Workers
- Disabled Children’s Team
- Health Partners
- Early Years Service
- Youth Service
- Foundry College

If a child or young person is having difficulties that affect school and/or health and/or family life, we can offer help and support. We will work with the family to gather all the information we need to offer appropriate services. We might also ask for input from other people who know the child or young person or who have worked with the family in the past. **All agencies or professionals based in our Neighbourhood Teams will have access to this information unless you explicitly request they do not.**

Confidentiality

We do collect information from the child / young person and from the parents. We may also gather information from other people/agencies who are involved with the child / young person, but we always ensure that we have consent to do so from the parents and/or the young person.

In exceptional circumstances we may share information without consent, but this is only ever done where there is a legal power, duty or court order to do so – for example, in order to prevent serious harm to a child / young person.

Information we hold

We try to keep our records to a minimum and will try to make sure that individuals know what information we hold about them. We will always give them a copy of any assessments or plans that we make with them.

A young person or the parents of a child / young person can ask at any time to see any information we have on file about them. This may need to be done by formal application, after seeking advice from a practitioner.

If any personal information is thought to be incorrect, the young person or the parents can ask to have it amended or to have their views recorded.

Wokingham Borough Council acts as the Data Controller for Wokingham Children’s Services and the Neighbourhood Area Teams to make sure that personal information is kept secure and up-to-date.