Request for Assistance   
Children and Young People’s  
Speech and Language Therapy

Please fill in this form and send to the email address or postal address on the last page.   
If you need any help completing this form, call us on 01592-226-784.

## Consent

We won’t be able to process the form without consent. For any help, call 01592-226-784.

|  |  |
| --- | --- |
| **Has the parent / carer given verbal consent for a request to be placed about their child?** | Yes  No |

## Data collection

|  |  |
| --- | --- |
| **Professionals:** Before completing a request for this child or young person, have you called us on the Enquiry Line (01383 674055) | Yes  No |
| If Yes, how many times did you speak with a therapist? | Once  More than once |

|  |  |
| --- | --- |
| **Parents & carers:** Before completing this request, have you called our advice line (01592 226699)? | Yes  No |
| If Yes, how many times did you speak with a therapist? | Once  More than once |

## Tell us about the child

|  |  |
| --- | --- |
| First name *(as in medical records)* |  |
| Surname *(as in medical records)* |  |
| Known as *(nickname / short name)* |  |
| CHI number *(if known)* |  |
| Date of birth *(if CHI number is unknown)* |  |
| House number or name |  |
| Street name |  |
| Town |  |
| Postcode |  |

## Who is the parent / carer?

|  |  |
| --- | --- |
| **First name** |  |
| **Surname** |  |
| **Relationship to child** |  |
| **Primary phone number** *(Mobile, home or work)* |  |
| **Do the child and parent / carer live together?** | Yes  No |
| *If yes, there is no need to complete the address fields below.* | |
| **House number or name** |  |
| **Street name** |  |
| **Town** |  |
| **Postcode** |  |
| **Does the family require an interpreter?** | Yes  No |
| **What language(s) are spoken at home?** |  |

## Child protection

Only fill in this section if you are a foster carer / GP / social worker or from education services.

|  |  |
| --- | --- |
| **Does the parent / carer have parental rights?** | Yes  No |
| **Does the child have a child’s plan?** | Yes  No |
| **Is the child on the child protection register?** | Yes  No |
| **Is the child a looked after child?** | Yes  No |

## Tell us about the child’s school / nursery

*Where appropriate*

|  |  |
| --- | --- |
| **School / nursery name** |  |
| **Primary contact name** *(of teacher / keyworker)* |  |
| **Job role** *(teacher / keyworker/ head teacher)* |  |
| **Primary contact number** *(of teacher / keyworker)* |  |
| **Building number** |  |
| **Street name** |  |
| **Town** |  |
| **Postcode** |  |

Who should we speak with about this request?

*This is the person who is looking for help with next steps for the child or young person and the person we will contact to arrange a conversation with (the “concerned person”).*

|  |  |
| --- | --- |
| **Is the “concerned person” the parent, or carer of the child?** *If so, there is no need to complete this section.* | Yes  No |
| **First name** |  |
| **Surname** |  |
| **Relationship to child** |  |
| **Contact email address** |  |
| **Primary phone number** *Mobile, home or work* |  |
| **May we text the concerned person on this number?** *e.g for appointment reminders by text* | Yes  No |
| **House number or name** *Or school / GP address* |  |
| **Street name** |  |
| **Town** |  |
| **Postcode** |  |

Information about the child

|  |  |
| --- | --- |
| **What are the concerns about the child / young person’s communication skills?** |  |
| **What are the child / young person’s thoughts and concerns about their skills?** |  |
| **What has already been tried to support this concern? Please tell us what difference this made** |  |
| **What assistance are you hoping for from Speech and Language Therapy?** |  |
| **Any additional information that would be helpful?** *Medical, social or family circumstances* |  |

Who is filling in this form?

*If you are completing this form on behalf of the concerned person (already named above), please complete the details below.*

|  |  |
| --- | --- |
| **First name** |  |
| **Surname** |  |
| **Relationship to child** |  |
| **Primary telephone number** |  |
| **House number or name** *(or school / GP address)* |  |
| **Street name** |  |
| **Town** |  |
| **Postcode** |  |

## Please sign before submitting this form

|  |  |
| --- | --- |
| **Name of the person completing this form:** |  |
| **Date** |  |
| **Signature** |  |

**If the concerned person has not had confirmation of this request within 4 weeks, please get in touch.**

## Privacy Statement

We are truly committed to protecting your privacy. The information we request from you on this form is solely being used to help us understand what services are most suitable for you and how we can best deliver these services. The information you provide will be stored electronically and will be shared solely with providers directly involved in the delivery of this service. Your data will not be sold. A full copy of our privacy statement is available online: <http://www.nhsfife.org>.

## Email or post your completed form to:

|  |  |
| --- | --- |
| fife.sltreferral@nhs.scot | Speech and Language Therapy  Cameron House  Cameron Hospital  Windygates  KY8 5RR |

## For any further help, call your local office

|  |  |
| --- | --- |
| **Office name** | **Office contact number** |
| SLT Main Office, Cameron Hospital | 01592 226 784 |
| Dunfermline / Dalgety Bay Area | 01383 627 013 |
| Kirkcaldy Area | 01592 645 234 |
| Cowdenbeath Area | 01383 518 634 |
| Glenrothes Area | 01592 765 044 |
| Levenmouth / North East Area | 01592 717 858 |

Look out for advice on - Facebook:  NHS Fife Speech & Language Therapy Service  / Twitter:  @banter4bairns

**Children Service Phone line:** 01592 226699 (available Tuesdays 10-12pm and Wednesdays 2-4pm)