

Carmarthenshire Joint Assessment Family Framework Part 1 Request for Support





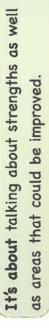
For office use only:-

CARE FIRST ID	NAME & SURNAME	D.O.B	AGE	RELATIONSHIP

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Information for Families

Children, Young People and their Families sometimes need a little extra help for happy, healthy and successful lives.
A TAF approach can pull the right people together to help you.



It's about getting you the right help at the right time.

It's about bringing the right people together who can help into your Team Around the Family

It's about working with you, because you are an important member of that Team

It's about listening to you and giving you choices.

TAF is all about making life better for you and your family



- Parenting stresses and problems
- Difficulties in accessing services
- Signposting families looking for support.

TAF is VOLUNTARY and you can say NO at any time.

If you think TAF can help you, you can:
Speak to someone who is already working
with you OR
Speak to your child's school OR
Contact the Family Information Service



Family Information Service

Telephone: 01267 246555

FIS text service: Please start your message with 'Children' and send to 07786 202747

Fax: 01267 246745

e-mail:childreninfo@carmarthenshire.gov.uk www.fis.carmarthenshire.gov.uk/taf





Consent

Personal information processed by Carmarthenshire County Council is done so in accordance with Data Protection legislation. Your information will be kept secure at all times and only used with your full knowledge and consent. In certain circumstances Carmarthenshire County Council may be required to share your information without your consent, for example where legally required to do so to protect an individuals' safety, or to prevent fraud etc.

Carmarthenshire County Council will use the information contained within this form for the purpose of delivering the Team Around the Family service to you. This may involve sharing your information with partner organisations to do so.

If you would like further information about how the TAF service is delivered or have any specific queries in relation to how your information is processed, please contact the team on:

Telephone: 01267 246555

Text: Please start your message with 'Children' and send to 07786 202747

Email: TAF@carmarthenshire.gov.uk

Web: www.fis.carmarthenshire.gov.uk/taf

I confirm that I have read and understood the information contained within this form and consent to Carmarthenshire County Council processing my information for the purpose of delivering the Team Around the Family service to me/my family.

Signed (Parent/Carer)	Print Name	Date
Signed (Young Person if applicable)	Print Name	Date

Your attendance at the TAF Panel is not required. However if you wish to be present, the ne	ces	sary
arrangements can be made. Please tick this box if you would like to attend the TAF Panel.		

(Only this form will be accepted from 25/05/18)

Request for support cannot be accepted without either written or verbal consent on a TAF Part 1

Please note date if verbal consent gained.

Child/Young Person's Details

Please complete all that is applicable. Fields marked * are MANDATORY.

Name of child or Young Person (under 25) * Contact Details of Parent/Carer or Young Person if relevant. * DoB: Home: Mobile: Email: Date of Birth of child / young person * Contact Details of Parent/Carer (if relevant): DoB: Home: Mobile: Email:	Please state who is completing this form: Parent/Carer Young Person Practitioner/Professional					
/ young person * young person						
Previous Team Around the Family (TAF) Support Yes/No TAF no if known Main address inc postcode *						
Preferred Language Free School Meals *						
Preferred Name of school, correspondence language College or setting						
Name of GP Practice Name of Health Visitor or School Health Nurse						
Name of Dental Practice						
Do you consider that the person named above has a disability? If YES, please provide additional information how this affects the child/young person						
Has the person named above been diagnosed? If yes please state diagnosis Y/N Details:						
Y/N Details:						

	ned above receiving any addition learning at school/college?	al	
long term adv	erse effect on his/her ability to carry out norm	nal day to day activities'. 'Special nee rning than the majority of pupils of h	
Name		Contact phone no: Email address:	
Address			
Professional's Details Job title/role (if applicable)		Agency:	
Lone working risks			
	ete: if this form is being su er/professional please cor es No		

Key Family Members

First name	Surname	Relationship to child	DOB	Gender	Name of School, Nursery, other	Disability Y/N	Consenting to request Y/N	Household member Y/N

What support have individual family members previously received, currently receiving, or waiting to receive? Can you explain how this is going/went?

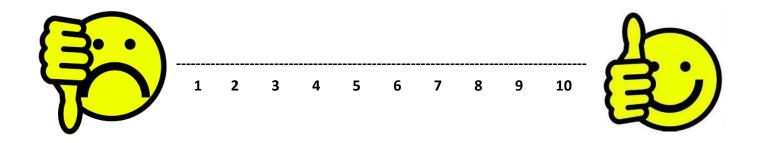
Family member	Currently	Previously	Waiting for

To help us understand what matters to you and your family, can you tell us what your family strengths are, please complete in as much detail as possible.

Who's view?	What is working well?	What are you worried about? What could be better?	What are your best hopes? And how can we help?
Family's view			
Professional's			
view (if applicable)			

At this moment how happy do you and your family feel?

Please circle number below.



Thank you for completing this form, we will respond within 10 working days of receipt.

Please return this form to your child's school or the person who assisted you to complete the form or send to:

TAF@carmarthenshire.gov.uk

or

Team Around the Family
Carmarthenshire County Council
Building 2
Parc Dewi Sant
Jobs Well Road
Carmarthen
SA31 3HB