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# About this Form

This form should be used to request information about specific children and/or adults that you know to be held by Lewisham’s Children’s Social Care Services or where you need to find out if we hold such information. This form is only to be used by professional agencies who have a duty to undertake such enquiries as part of their statutory role.

If you need any advice on whether to complete this form or in completing the form, please contact the Front Door MASH team.

# Contacting the Front Door MASH Team

**Daytime Hours** (Monday to Friday 9am to 5pm) 0208 314.6660

**Out of Hours** (6pm – 8am Monday to Friday and 8am Sat to 8am Monday)

**If you are worried about an immediate risk of significant harm to a child, it is essential that you share your concerns with us by telephone on 020 8314 6660 and follow this up by completing the referral form within 24 hours. If a child is in imminent danger, please contact the Police immediately on 999.**

**To submit this referral form, please send it to:** **MashAgency@lewisham.gov.uk**

# About Your Request

Your Name: Click or tap here to enter text.

Your Role/Job Title:Click or tap here to enter text.

 Your Agency: Click or tap here to enter text.

 What is the best way for us to contact you? Click or tap here to enter text.

 Date you completed this form: Click or tap here to enter text.

Why is the information being requested?

 Click or tap here to enter text.

Do you have consent in place from the subject/s to whom this request relates? [ ]  Yes [ ]  No

*If you do have consent in place, please ensure you submit a copy of this consent along with this referral form.*

*If you don’t have consent in place, why not, what is the basis on which you are asking us to share it without consent?*

Click or tap here to enter text.

Please describe in as much detail as you can what information you require to help us understand what you need to know about and if relevant, what time period you think this relates to.

Click or tap here to enter text.

##

# About the Child/ren and/or Adults this request relates to

*Please complete the table below and add all known information.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name** | **Surname** | **Date of Birth \*** | **Gender** | **Address** | **Ethnicity** | **Faith or Belief** | **Language** | **School or Early Years Setting** | **Relationship within the family\*\*** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

\*If you do not know an exact date of birth for a child please estimate their current age instead. / \*\* If this relationship is specific to one child only, please explain that, e.g. ‘father of X’.

**Thank you. You can now submit this form to us.**