**Initial Conversation**

|  |  |  |
| --- | --- | --- |
| Name:Gender:  |  | Contact number: |
|  |  |  |
| Address: |
|  |  |  |
| Nationality and Ethnicity: |  | Disability: |
|  |  |  |
| Members of your Family:  |
|  |  |  |
|  What are you Worried about? |
|  |  |  |
|  What is working well? |
|  |  |  |
| What do you need right now to make things better? |
|  |  |  |
|  |  |  |
|  |  |  |
|

|  |  |
| --- | --- |
| Identified need | Family Plan |
| SelfWhat can I do? | FamilyWhat can my family/ friends do? | CommunityHow can my community support me? | ServiceHow do I think services can help me? |
|  |  |  |  |  |

Local Solution Group Outcome of Discussion: |
|  |  |  |

**Privacy Notice: What we will do with your data**

The information we will be asking you to provide will be used to help us to understand how we can support you and your family. In order to provide you with the most appropriate services(s) we may need to share your information or gain further information from other agencies as required.

We will not re-use your information unless the law allows us to or unless you give us further permission for the re-use of your information. All information supplied will be stored securely in accordance with General Data Protection Regulation. If you have any questions about the collection of your information or if you wish to ask about what rights you have or wish to complain about the use of your information, please visit <https://www.doncasterchildrenstrust.co.uk/privacy-policy>

**Family Consent Statement**

I have read and understood the Privacy Notice in full (found here <https://www.doncasterchildrenstrust.co.uk/privacy-policy> or I read a printed copy) and agree that information about my family can be shared and discussed at the Local Solution Group and other agencies as required to help find me support. I understand that my information will be stored securely in accordance with the General Data Protection Regulation.

|  |
| --- |
| Please specify any organisation, department or people who information **cannot** be shared with: |

**Informed Consent given for:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name  | Signature  | Date  |
| Adult (1) |  |  |  |
| Adult (2) |  |  |  |
| Child/Young Person |  |  |  |
| Child/Young Person |  |  |  |
| Child/Young Person |  |  |  |

Please confirm that the family members have been made aware of the request for additional support, that they have been informed of the next steps and that they will be seen by an identified professional if needed to complete and develop a Family Plan

|  |  |  |  |
| --- | --- | --- | --- |
| Profession  | Name  | Signature  | Date |
|  |  |  |  |

Please return this form to LocalSolutionSouth@doncaster.gov.uk