



**Virtual School CAMHS Team Consultation Request Form**

To be completed and signed jointly by a Virtual School and the child or young person’s social worker.

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| Identifying information about the child/young person:  Name: Date of Birth:  Gender: Ethnicity:  Address: Contact number:  NHS number: |
| **Requester’s Information:**  Name: Job Title:  Telephone: Email address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Other key professionals:**  Allocated Social Worker: Telephone:  Social Work Team: Email address:  Supervising Social Worker: Telephone:  Email address: |
| **Carer’s contact details:** |
| **Brief Description of current difficulties (for child, carers and/or Virtual School):**  What do you hope the consultation will provide with regards to helping with these difficulties? |
| **Service user involvement** Does the Child/Young Person know of this request (delete as appropriate)? Yes/ No If aware what is their view about the request? If they are not aware, what was the reason for this? |
| **Current Legal Situation/Consent:**  Who has parental responsibility? Legal Status (please delete where appropriate): Full Care Order Interim Care Order  With parental consent (S.20) |
| **Education:**  Current School/College placement (including contact details): |
| **G.P.Name:**  Address: Telephone:  Does the GP know this child/young person well (delete as appropriate)? Yes/No |
| Is there any other information that would help inform the consultation? |
| Virtual school team staff  Name (print): Date:  Signature:  CLA Social Worker  I agree to this request for consultation being made on behalf of the child/young person named above and I agree to the Lewisham CAMH service sharing information about the young person with the Lewisham Virtual School Team  Name (print): Date:  Signature: |

**Please email to the relevant Phase Leader or High Intervention Team Worker at the Virtual School, who will ensure that this is passed on to the VSCAMHS duty inbox: LewishamVirtualSchoolCAMHS@slam.nhs.uk**