



**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 WorkerI 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 TeamName (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**