Pathway Programme Service

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| Please complete the attached flow chart prior to this referral |

*REQUEST FOR CONSULTATION*

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| Child/Young Person’s name: |  |
| **Date of birth:** |  |
| **Ethnicity:**  |  |
| **Any known Disability:**  |  |
| **Name of Parent/ Carer & relationship to child:** |  |
| **Name of Person requesting this consultation including role, email address and telephone number:** |  |
| **Names and email addresses of other people you wish to attend the Consultation:** |  |
| **Have parents consented to this referral being made:** **(referrals cannot be accepted without this)**  |  |

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| Please note this will be a Microsoft Teams Online Meeting – All invites will be sent by email |

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| Please list the problematic or harmful sexual behaviours you are concerned about following completion of the flow chart: |
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| **Background information:** ***(Please include any adverse experiences the child may have experienced prior to these behaviours, any recent changes to the child’s life, any previous or known safeguarding concerns.)*** |
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| **Please share what information you have about this child’s home functioning:** |
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| **Please share what information you have about this child’s school functioning:** |
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| **What would you like to get from the consultation?** |
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| Please Email this form via secure email or encrypted email to:pathwayservice@actionforchildren.org.uk*Once the consultation form has been received by the Pathway Programme Service, you will be contacted to book into one of the available consultation slots.* |