

## Form 1: Meitheal Request Form

**Confidential**

1. Child or young person				
Meitheal ID number:		CFSN area:		
First name:	Surname:	Sex:	Date of birth: (DD/MM/YY)	
		M <input type="checkbox"/> F <input type="checkbox"/>		
Number, street or townland:		Town:		
County:		Pre-school, school or other education centre:		
Nationality:		Ethnicity:		
First language of the child or young person:		First language of the parent:		
Is an interpreter required for this Meitheal process? (tick one)			Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, is the family already using an interpreter in accessing another service? (If so, provide details)				

2. Parents and guardians				
First name:	Surname:	Relationship to the child or young person:	Is this person the legal guardian? (tick one)	Contact telephone number:
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address (if different from above)		Number, street or townland:		
Town:		County:		

### 3. Reason for request

**Note:** You do not have to rate all the needs listed below, just the needs that are an issue for this child or young

- a) On a scale of 1-10 please **rate** to what extent the child or young person's needs are being met now (10 means 'fully' and 1 means 'not at all').  
 b) In the outcome column please identify what you would like to be different for the child or young person.

	Rating	Outcome
1. Emotional issue		
2. Behavioural issue		
3. Physical illness / disability		
4. Mental health issue		
5. Learning disability		
6. Addiction		
7. Education issue (for example: attendance)		
8. Family issues (for example: bereavement)		
9. Social isolation		
10. Parenting support		
11. Financial / housing difficulties		
12. Relationship issues		
13. History of domestic violence		
14. Other		

Please provide further details about ratings and outcomes if it is necessary:

From the list above what are the primary and secondary reasons for this Meitheal request:

Primary reason:		Secondary reason:	
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### 4. Lead practitioner

Name:		Contact telephone numbers:	
Address:		Agency or service:	
		Sector: (for example, health, education, community or voluntary)	
Email address:		Profession or discipline:	

Lead practitioner signature:	Date:

### 5. Parent's request for support and consent to information storage

I agree to the statements below.

1. My child will be involved in this Meitheal.
2. Practitioners and other professionals may use the information gathered by this Meitheal process to help provide services to me and to my child. I understand how this information may be used.
3. This information may be shared between the Child and Family Support Network Coordinator and the Children and Families Social Work Service on a need-to-know basis. They will share this information to ensure that Meitheal is the correct response for my child.
4. If there are any concerns about the safety and welfare of a child, practitioners and other professionals must follow the Children First national guidance and legislation to protect the child.

Anonymised information is information that does not include anything that will identify a specific person. Researchers may use anonymised information from this

Yes  No

First name:	Surname:	Relationship to child:	Signature:	Date:
First name:	Surname:	Relationship to child:	Signature:	Date:

Please return this form to the Child and Family Support Network Coordinator.