

a-Contact Record



This is the child/young person's usual or home address. Where the parents' have shared care, the child/young person may have two addresses.

Responsible Council with Social Services Responsibilities (CSSR) should be completed if contact is being made regarding a child/young person who is the responsibility of an authority other than your own. For example a child/young person on the Child Protection Register in another authority.

Date of contact:		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>											
Is/are parent(s)/carer(s) aware of contact:		Yes		<input type="checkbox"/>		No		<input type="checkbox"/>					
Child/young person's name, address and responsible CSSR:													
Family name		Given names											
DoB or expected date of delivery:		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>											
Gender:		Male		<input type="checkbox"/>		Female		<input type="checkbox"/>		Unborn		<input type="checkbox"/>	
Address													
		Postcode				Tel.							
Current address if different from above													
		Postcode				Tel.							
Social Services Team		Responsible CSSR											
Details of person making contact:													
Name and Agency/Relation to child/young person													
Address													
		Postcode				Tel.							
Does the person making contact wish to remain anonymous?		Yes		<input type="checkbox"/>		No		<input type="checkbox"/>					
Method of contact:													
Telephone call		<input type="checkbox"/>		Fax		<input type="checkbox"/>		Visit to Social Services office		<input type="checkbox"/>			
Letter		<input type="checkbox"/>		E-mail		<input type="checkbox"/>		Meeting/discussion		<input type="checkbox"/>			
Reason for contact:													
Request for information		<input type="checkbox"/>		Other agency check if child/young person known to Social Services				<input type="checkbox"/>					
Request for service		<input type="checkbox"/>		Notice of other agency contact with child/young person				<input type="checkbox"/>					
Further details:													
Action taken:													
Provision of information/advice		<input type="checkbox"/>		Referral to other agency				<input type="checkbox"/>					
Passed on as referral		<input type="checkbox"/>		No further action				<input type="checkbox"/>					

Name and designation: _____

Signature: _____ Date: