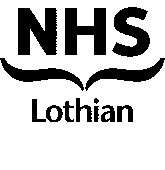
**NHS LOTHIAN SCHOOL NURSING SERVICE**

**REQUEST FOR ASSISTANCE – GUIDANCE NOTE & F0RM**

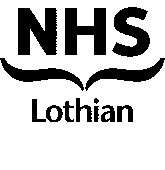
The School Nursing Service will provide health services to meet the needs of school aged children and young people, in Education. The School Nurse will adopt the Getting it Right For Every Child National Practice Model to support **the assessment of health and wellbeing needs** of children and young people in conjunction with the Named Person and other partners providing the health assessment component to the child’s plan.

The new proposed School Nursing Pathway aims to deliver targeted interventions with vulnerable groups and respond to requests for assistance from the Named Person.

The proposed School Nursing Pathway has ten identified care areas that School Nurses shall work within, delivering a more individual and caseload based approach to care. The key priority areas relate to a child or young person’s **Health & Wellbeing** and include:

1. Emotional Health & Wellbeing
2. Child Protection **(Please note: Refer to your local child protection procedures. School nursing is not the first point of referral)**
3. Looked after Children
4. Children and Young People in temporary accommodation
5. Substance Misuse
6. Domestic Abuse
7. Youth Justice
8. Young carers
9. Transition
10. Sexual Health

Please return the completed Request for Assistance Forms to the appropriate School Nurse Team (as per the addresses in the Guide for Education, Social and Healthcare Professionals page 10)

**NHS LOTHIAN SCHOOL NURSING SERVICE**

**REQUEST FOR ASSISTANCE FORM**

Consent for this Request for Assistance is essential before returning the form to the School Nurse unless the request is a self request from a young person deemed competent.

**Name of person requesting assistance:**

**Position:**

**Address:**

**Contact Number:**

**Please confirm that the Parent/Carer/Young Person has agreed to this request for assistance.**

**(Circle as appropriate) YES / NO**

**DATE:**

**CHILD / YOUNG PERSONS DETAILS**

Name: Date of Birth:

Home Address: CHI:

Gender:

Contact No:

Name of Parent/Carer:

GP Name / Base:

School: Year Group:

Interpreter required: YES/NO Which Language:

**REASON FOR REQUEST FOR ASSISTANCE**

Reason for request for assistance / concerns / Wellbeing issues identified:

**OTHER PROFESSIONALS INVOLVED**

**KNOWN MEDICAL INFORMATION**

**RELEVANT BACKGROUND INFORMATION (***If relevant please include the Wellbeing Assessment and any other helpful information)*

Please send your Request for Assistance form to the appropriate School Nurse Team (Contact information on the Guidance Note).

**School Nurse Request For Assistance acknowledgement** *(for office completion only)*

|  |  |
| --- | --- |
| Date request for assistance form received: |  |
| Accepted Request for assistance  Date: | |
| Rejected Request for assistance  Reason:  Date: | |
| Anticipated Action: | |
| School Nurse Signature:  Date: | |