

Form 1: Meitheal Request Form

Confidential

1. Child or young person								
Meitheal ID number:				CFSN ar	CFSN area:			
First name:			Surname:	Sex:	Sex:		Date of birth: (DD/MM/YY)	
				М	F			
Number street or town				Town:				
County:					Pre-school, school or other education centre:			
Nationali	lity:			Ethnicit	Ethnicity:			
First language of the child or young person:				First language of the parent:				
Is an int	•	er re	quired for this Mei	theal proce	ss?	Yes	□ No □	
If Yes, is details)	the fa	mily	already using an in	terpreter ir	acce	essing ar	other service?	(If so, provide
2 Dayswi	la audi	au au d	iona					
2. Parent								
First name:			Surname:	the child o	elationship to he child or oung person:		ois person the oil guardian?	Contact telephone number:
							□ No □	
							□ No □	
						Yes	□ No □	
Address (if different from above) str			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.

by in the outcome column please ident		Rating		Outcome			
1.	Emotional	issue					
2.	Behaviour	al issue					
3.	Physical ill	ness / disability					
4.	Mental he	alth issue					
5.	Learning d	lisability					
6.	Addiction						
7.	7. Education issue (for example: attendance)						
8.	Family issu	ues (for example: nt)					
9.	9. Social isolation						
10.	10. Parenting support						
11.	11. Financial / housing difficulties						
12. Relationship issues		nip 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:				
4. Lead practitioner							
Name:				Contact			

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







Lead practitioner s	signature:	Date:						
5. Parent's request for support and consent to information storage								
 I agree to the statements below. My child will be involved in this Meitheal. 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. 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. 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. 								
include anything the	mation is information hat will identify a spuse anonymised info	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.								





