

**Advice and Guidance Initial contact Form**

*Please complete this form and send to the Advice and Guidance Team as part of your initial request for support.*

**adviceandguidance@hospitalschool.manchester.sch.uk**

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| **Your Name and Role:** |  | **Phone number:** |  |
| **Date of referral:** |  | **Email address** |  |
| **Name of Pupil:** |  | **Year Group:** |  |
| **Current Attendance:**  |  |
| **Agencies involved:**  |  |
| **Medical Needs:** |  |
| **EHCP:** | **Y** | **N** | **Early Help involvement:** | **Y** | **N** |
| **Primary Concern:***What is concerning you the most? This is the area we will seek to support first.* |  |
| **Related concerns:***What other concerns do you have related to your primary concern?* |  |
| **What actions have you already taken?**  |  |
| **What support are you hoping we will provide?** |  |