

**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?** | | |  | | |