

# Square 1 Support Service Request Form



This form should be used when a member of staff requires a response from Square 1 Support. For direct support for a child or young person, [complete an SSR](#) for another Hertfordshire service.

For child protection referrals use the [Hertfordshire Child Protection Referral Form](#) or ring **0300 123 4043**  
**Please note, Square 1 Support does not accept referrals for individual children. Please do not include any names of children or young people in this document.**

What is the reason for your request? *	<i>(please provide a brief description)</i>
What are the desired outcomes for the member of staff? *	<i>(please provide a brief description)</i>

\* Please use the space provided on page 3 of this form to provide full details.

Name of person completing referral:

Forename(s):

Surname:

Name of staff referral is regarding (if different from above):

Forename(s):

Surname:

School/setting name and address:

Postcode:

**What other services are involved in regards to this need: e.g. Middleton Outreach, Rivers ESC, Andrew's Lane, Communication and Autism Team etc.**

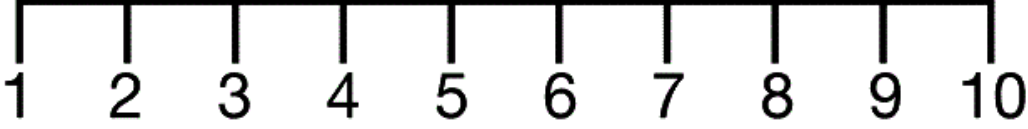
Name of Professional and Organisation	Service contact details (telephone/email)	Brief description of work undertaken or ongoing support

**Presenting need for support** *(please provide details of why this referral is being made):*

**Strategies already implemented and their outcomes so far:**

**Desired outcome(s) from Square 1 Support:**

**Current confidence in desired outcome:**



1   2   3   4   5   6   7   8   9   10

*Least Confident* *Very Confident*

Square 1 Support to mark confidence post referral

### Consent and Information Sharing Statement

Consent is required to enable information sharing for Square 1, who may share details of this request with other relevant services. By signing this Service Request Form, all parties named in this document give consent to relevant information being shared where appropriate.

By signing below, you are agreeing to the following statements:

- I have had the reasons for this service request explained to me, I understand the reasons for the request and understand that my information will be shared with the identified service as part of this request.
- I agree to the request and give consent for Square 1 Support to work the named person.
- I give consent for the sharing of information to Square 1 Support.
- I give consent to the sharing of additional information to other relevant services.
- I understand that the information contained in this form will be recorded on a management system and others services may be able to see the content on this form and paper copies will be securely stored.

<p><b>Name of person making/ completing this Service Request Form:</b> <i>Full name and school/ setting must be entered</i></p>		Signed:
<p><b>Contact Details of person making/ completing this Service Request Form:</b> <i>(include email address and contact number)</i></p>		
<p><b>Name of staff requiring support:</b> <i>(if different to above)</i> <i>Full name and school/ setting must be entered</i></p>		Signed:
<p><b>Contact details of staff requiring support:</b> <i>(include email address and contact number)</i></p>		
<p>Date form completed and sent:</p>		

**Please note that a signature must be included on all requests.**

**Square 1 Support**

[lisa.lee@riversesc.herts.sch.uk](mailto:lisa.lee@riversesc.herts.sch.uk)

**c/o Rivers ESC  
Old Essex Road  
Hoddesdon  
Herts  
EN11 0AA**

**07739115045**

**If you would like to speak to someone before submitting this request, please telephone or email Square 1 Support via the above contact details, we will be happy to help.**