|  |  |
| --- | --- |
| **Families First To Complete** | **Strategy Meeting ProformaRequest for Agency Information**  |
| Strategy Meeting Chair: |   | Families First Team: |   |
| Locality: |   |
| Date of Strategy Meeting |   | Time & Venue: |   |
| Dial-in Details: |   |
| Name of Child(ren) |   | Date of Birth: |   |
|   |   |
|   |   |
| Name of Parent(s) |   | Date of Birth |   |
|   |   |
|   |
| Reason for Strategy: |   |
|   |   |   |   |   |   |   |
| **Relevant Agency to Complete** | **Name of Service/Agency Providing Information** |   |
| Practitioner Name & Job Title |   | Contact (email/phone) |   |
| Practitioner will **attend** Strategy Meeting | y/n | Practitioner will **Dial in:** | y/n |
| Practitioner Involvement | From:To | Practitioner will provide written submission only | y/n |
| **Brief Summary of Agency Safeguarding Concerns** |
| (eg. Reasons for involvement, current or previous concerns) |
|  **Information already shared with MASH, together with dates shared:****Child:****Parent/Carer/Adult(s):** |
|  |  |  |  |  |  |  |
| **Return completed form to:** |   | **By no later than:** |   |
| **Team Coordinator Name; Email Address; Telephone Number:** |