|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Families First To Complete** | **Strategy Meeting Proforma Request 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:** | | | | |