**Cambridgeshire Children’s Services**

**ReferralCentre.Children@Cambridgeshire.gov.uk**

This form is to be used by professionals requesting information from Cambridgeshire Children’s Services. Please ensure all fields are completed and return the completed form to the above email address.

Standard requests will be processed within 10 working days. If you are making enquiries under Section 47 of the Children’s Act, please state so in the subject line of your email when returning the form and mark your email as high importance.

We act on behalf of Cambridgeshire County Council only. If you are unsure which county your request falls under, you can check using the [Postcode Checker](https://www.gov.uk/report-child-abuse-to-local-council)

**We will only return requests for information to a confirmed Professional Email address. Please complete the form fully.**

**Your Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Role** |  |
| **Organisation** |  |
| **Professional Email address**  (This will be the email address the request is returned to) |  |
| **Contact number** |  |

**Do you have consent to be requesting this information?**

Consent should be from the subject of the information request (if an adult), or someone who holds parental responsibility (if the subject is a child).

**Yes**

|  |  |
| --- | --- |
| **Name of person giving consent** |  |
| **Date consent obtained** |  |

**No**

|  |
| --- |
| **Please provide justification for requesting information without consent.** |
|  |

**Why do you need this information?**

**Who do you need information about?**

Please provide details of those you are requesting information about. Provide as much information as possible to help us identify a record on our system.

|  |  |  |
| --- | --- | --- |
| **Full Name** | **DOB/Age** | **Address – including postcode.**  Include current AND historical address if relevant to enquiry. |
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**What information do you require?**