

## **Northumberland Adolescent Services**

### **Request for Support**

NAME:	
ADDRESS:	
DATE OF BIRTH:	
TELEPHONE NUMBER:	
PARENTS/CARERS	
CONSENT GIVEN BY:	

LEAD PROFESSIONAL / ALLOCATED SOCIAL WORKER -	
AGENCIES INVOLVED –	

#### **Intervention Required:**

KNIFE CRIME	
OFFENDING BEHAVIOUR	
RETAIL / THEFT	
LEGAL MOTORING	
MANAGING EMOTIONS	

**SUBSTANCE USE ISSUES CAN BE REFERRED DIRECTLY TO SORTED VIA THE SORTED WEBSITE**

**RETURN TO: ADMIN EMAIL – [NorthumberlandAdolescentsservices@northumberland.gov.uk](mailto:NorthumberlandAdolescentsservices@northumberland.gov.uk)**

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#### **For Office Use Only**

**Accept**

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**Allocated to:**

**Decline - Reason :**