**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 –** [**NorthumberlandAdolescentservices@northumberland.gov.uk**](mailto:NorthumberlandAdolescentservices@northumberland.gov.uk)

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**For Office Use Only**

**Accept Allocated to:**

**Decline - Reason :**