

Multi-Agency Support Panel (MASP) Referral Form
Please return completed form to MASPD6@larches.lancs.sch.uk

Name of child				DOB		
Address						
Parent/carer name				PR	Yes	No
Parent/carer name				PR	Yes	No
Parent/carer address						
Parent/carer address						
School of child						
School Advisor						
School EHPO						
Cause for concern						
Voice of the child						
Voice of the parents/carers						
Actions already taken (including any other agencies involved)						
Parental consent for discussion at MASP	Yes	No	If no – why?			
Referrers name						
Organisation						
Telephone						
Email						

This referral form is for support for early indicators of CCE only. If there is reasonable cause to suspect a child is suffering or likely to suffer **significant harm**, please do not use this form. Instead follow your organisations safeguarding procedures and refer to Children's Social Care/police.

Children's Social Care 0300 123 6720

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