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| **Barnardo’s Beacon Project**  **Request For Support**  A green logo with a heart and text  Description automatically generated  barnardo's beacon logo |
| **The Beacon Project is designed to help professionals build knowledge and understanding when supporting children/young people who have experienced/disclosed “child sexual abuse”. For clarity:**  *Child Sexual Abuse (CSA) involves forcing or persuading a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. This includes acts that involve physical contact such as assault by penetration, non-penetrative acts (eg. masturbation, kissing, rubbing and touching).*  *It also includes non-contact: involving children in looking at (or making) sexual images, watching sexual acts, encouraging children to behave in sexually inappropriate ways, grooming a child (including via the internet).*  **Our service offers are free of charge and are centred on being trauma informed**  **and young person centred.** |

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| **Section 1** | **Informed Consent**  We ***cannot accept enquiries relating to specific young people without the young person or their parents consent*** to their information being shared with us.  **I confirm that I have the child, young person and parent or carers (where applicable) permission to share data with Barnardo’s.** |
| Full name: |  |
| Signature: |  |
| Role/job title: |  |
| Today’s date: |  |
| Name and date of person giving consent: |  |

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| **Section 2** | **Organisation details**  Where possible we will contact you via email or telephone within 7 working days. |
| Contact name: |  |
| Role/job title: |  |
| Agency/Organisation: |  |
| Organisation address: |  |
| Contact telephone number: |  |
| Contact email address: |  |

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| **Section 3** | **Child/young person’s details** | | | | | | | | | | | |
| Child/young person’s name: |  | Date of  Birth: | | D | D | M | | M | Y | Y | Y | Y |
| Child/young person’s gender identity: |  |
| Child/young person’s pronouns: |  | | | | | | | | | | | |
| Child/young person’s age: |  | | | | | | | | | | | |
| Child/young person’s ethnicity: |  | | | | | | | | | | | |
| Child/young person’s address: |  | | Postcode: | | | |  | | | | | |
| Please detail if child/young person requires any additional support: |  | | | | | | | | | | | |

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| **Section 4** | **Professional involved**  If you are not working with a specific young person/people please move on to section 5. | |
| Is the child/young person open to Children’s Services? | Yes / No  (Please delete as applicable) | If yes, please provide name and contact details of Social Worker: |
| Please indicate the support being offered by Childrens Services: | Please tick **✓** as appropriate: | |
|  | CIN (Child in Need) |  |
| CP (Child Protection) |  |
| Under Assessment (UA) |  |
| CLA (Child Looked After) |  |
| Early Help |  |

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| **Section 5** | **Concerns and support required**  If you are working with specific child/children please provide details of presenting concerns – *we will be unable to progress your enquiry if this information is not provided*. If not continue to section 7 | | |
| Date of disclosure: |  | | |
| Have the allegations been investigated by Police and Children’s Services: | **Yes / No (please delete as applicable)**  If yes, please provide details below: | | |
| Date allegations reported to Police: |  | | |
| Name of Investigating Officer: |  | | |
| Is the investigation ongoing: | **Yes / No (please delete as applicable)** | | |
| Details of concerns: |  | | |
| Please specify the child / young person’s current support needs: |  | | |
| **Section 6** | | **Support required**  Please note some of the options below are things we do not directly offer but can support you to access | |
| Please see “What we offer” page on our website for more information | | Please tick **✓** as appropriate: | |
|  | | Training for individuals and organisation |  |
| Consultancy |  |
| Sign posting (no direct delivery services) |  |

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| **Section 7** | | | | **How did you hear about us?** Please tick **✓** as appropriate: | | | | | | |
| Online search |  | Sign  posting | | |  | Meeting |  | Recommendation |  | Other |
| If other, please specify: | | |  | | | | | | | |

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| **Please return completed form to:** |
| A green logo with a heart and text  Description automatically generated  **Beacon Project**  **Barnardo’s**  **Brooklands**  **Great Cornbow**  **Halesowen**  **West Midlands**  **B63 3AB**  If you have any questions regarding any section of this form, please contact us on:  **01384 411722**  Our office hours are Monday to Thursday 9:00am to 5:00pm and Friday 9:00am to 4:30pm  **Website: www.barnardosbeacon.org.uk**  **Email: barnardosbeacon@barnardos.org.uk** |
| What happens next?   * Returned and completed enquiry forms will be received by Barnardo’s Beacon Team; forms received by email will receive an automated reply * Your enquiry will be reviewed and discussed at a weekly triage meeting * The Beacon team will aim to reply to your enquiry within 7 working days from receipt |