## Early Help Assessment (CAF) Lead Professional Transfer Form



This form is to be completed Prior to case transfer, ideally at a TAF. Please ensure all parts of the document are filled out. If we do not receive this form, you will remain lead professional and will therefore be responsible for the family and their Early Help Plan.

| ly Help/CAF ID:                                 |   |                       |
|---|---|-----------------------|
| me of child(ren):                               |   |                       |
|   |   |                       |
|   |   |                       |
|   |   |                       |
| e of Transfer;                                  |   |                       |
| Reason for trai                                 | nsfer (short summary)                   |                       |
|   |   |                       |
|   |   |                       |
|   |   |                       |
|   |   |                       |
|   |   |                       |
|   |   |                       |
| ) <u>Lead Professio</u>                         | onal details                            |                       |
| ) <u>Lead Professio</u>                         | onal details  Current Lead Professional | New Lead Professional |
| ) <u>Lead Profession</u><br>Name;               |   | New Lead Professional |
|   |   | New Lead Professional |
| Name; Job Role/Location;                        |   | New Lead Professional |
| Name;<br>Job                                    |   | New Lead Professional |
| Name; Job Role/Location; Contact                |   | New Lead Professional |
| Name;  Job Role/Location; Contact Number/Email; |   | New Lead Professional |

## 4) Parent/ Carer

Please obtain the signature of the parent/carer, and ensure they are aware of who the case is transferring to, and how to contact them if necessary.

| Name; | Sign; |
|-------|-------|
| Date: |       |