

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.

1) To be completed by professionals:

Early Help/CAF ID:	
Name of child(ren):	
Date of Transfer;	

2) Reason for transfer (short summary)

3) Lead Professional details

	Current Lead Professional	New Lead Professional
Name;		
Job Role/Location;		
Contact Number/Email;		
*Signature;		
Date;		

*By Signing the above, you are agreeing to take on the role of Lead professional and are happy that you have received all the information you need to continue the Early Help Plan.

4) Parent/ Carer

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

Name;
Date;

Sign;

