

INTERIM FORM



Update to Best Endeavours Requests for Service

This information must be provided to the Central Register six weeks after accepting a the Request for Service.

1. Today's Date: __/__/__

Details:

- 2. **Health Service Name:**
.....
- 3. DoCS Reference Number
- 4. Client Date of Birth: __/__/__
- 5. Date of Request: __/__/__

6. **Date of Planning Meeting / Process:**
__/__/__

Outcome of Contact with Client:

A: Where Service is Provided:

7. **Date client first seen:** __/__/__

8. **Service provided to:**
- Child at risk of harm
 - Young person at risk of harm
 - Sibling of child / young person at risk of harm
 - Parent / carer
 - Other Family Member

9. **Time between Request Received at Health Service and Client first seen.**
- Immediately (within 2 days)
 - Between 3-7 days
 - Between 1 to 2 weeks
 - Between 2 to 4 weeks
 - Between 4 to 6 weeks
 - Between 6 to 8 weeks

10. **Time between Planning Meeting / Process and Client first seen.**
- Immediately (within 2 days)
 - Between 3 to 7 days
 - Between 1 to 2 weeks
 - Between 2 to 4 weeks
 - Between 4 to 6 weeks

B: Where Service is Not Provided:

11. **Reason for Service Not Provided:**
- DoCS did not proceed with referral.
OR
 - Planning meeting / process still pending.
OR
 - Appointment made but client not yet attended.
OR
 - Client still on waiting list.
OR
 - Service not proceeded with due to unresolved safety concerns.
Date discussed with DoCS:
__/__/__
 - OR**
 - Attempts to contact client unsuccessful.
Date(s) of attempted contact:
__/__/__ __/__/__
__/__/__ __/__/__
 - Service not proceeded with for other reason.
Specify.....
.....

Signed:
Name:
Service Manager