



MASH Enquiry Form

Date
Time MASH use only

PART 1

Enquirer's Details

Please provide your details so you can be contacted to clarify any information you have provided. These details will also be used to inform you of the outcome of the enquiry and any further action undertaken by Social Care (where permitted).

Full Name
Agency and Role
Address
Postcode
Telephone Number
Email

Consent

Have parents/carers consented to this enquiry/MASH process? Yes/No
Has the child/young person consented to this enquiry/MASH process? Yes/No

Child(ren) Details

Add additional sections as required

Child 1		
Family Name		
Forename(s)		
Address		
Postcode		
Telephone Number		
D.O.B or E.D.D		
Gender	Ethnicity	Religion

Multi Agency Support Hub Enquiry Record

Email: multiagency@bedford.gov.uk Secure Email: mash@bedford.qcsx.gov.uk

Tel: 01234 718700

For further information regarding how we use and process this information please visit www.bedford.gov.uk

First Language
Disability (detail if known)
Is an Interpreter Required? Yes/No

Child 2		
Family Name		
Forename(s)		
Address		
Postcode		
Telephone Number		
D.O.B or E.D.D		
Gender	Ethnicity	Religion
First Language		
Disability (detail if known)		
Is an Interpreter Required? Yes/No		

Child 3		
Family Name		
Forename(s)		
Address		
Postcode		
Telephone Number		
D.O.B or E.D.D		
Gender	Ethnicity	Religion
First Language		
Disability (detail if known)		
Is an Interpreter Required? Yes/No		

Parent/Carer's Details

Please include all adults in the household. Add additional sections as required.

Full Name		
D.O.B		
Relationship to Child		
Address if different to child's		
Telephone Number if different to child's		
Gender	Ethnicity	Religion
Parental Responsibility Yes/No		
First Language		
Disability (detail if known)		
Is an Interpreter Required Yes/No		

Full Name		
D.O.B		
Relationship to Child		
Address if different to child's		
Telephone Number if different to child's		
Gender	Ethnicity	Religion
Parental Responsibility Yes/No		
First Language		
Disability (detail if known)		
Is an Interpreter Required Yes/No		

Common Assessment Framework (CAF)

<p>Has an assessment been completed under the Common Assessment Framework (CAF)? Yes/No</p> <p>If Yes, please attach all relevant paperwork</p>

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Reason for Enquiry

Please state why you are making this enquiry

Highlight the main areas of concern. If you have safeguarding concerns in relation to this child(ren) please provide specific details (i.e. date, time, location etc.)

Has any other action been taken in relation to this enquiry?

If yes please provide details

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PART 2

R.A.G. Rating Initial Decision

RED	AMBER	GREEN
Serious concern for a child's safety requiring immediate action, or the need to preserve evidence.	Significant concerns but immediate action is not required to keep the child safe.	Concern for the child's wellbeing is held by the enquirer and if not addressed may lead to poor outcomes.
Decision		

Agreed R.A.G. Rating:

Senior Practitioner:

Date and Time:

Allocated MASH Worker:

MASH Actions

Manager Decision