|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mosaic ID |  | | RIO ID |  | | | NHS No |  | | |
|  |  | |  | |  | | |  |  | |
| Last Name |  | | First Names(s) | |  | | | Title |  | |
| Home Address |  | | | | | | | Postcode |  | |
| D.O.B |  | | | | Is the client considered disabled? | | |  | | |
| Gender |  | | Gender Reassignment | |  | | | Sexual Orientation |  |  |
| Ethnicity |  | Marital Status |  | | Pregnant or on Maternity Leave |  | | Religion |  | |



**Children & Young People - Data Capture Form**

**Section 117, Mental Health Act 1983 (as amended 2007) Register**

|  |  |  |  |
| --- | --- | --- | --- |
| Hospital Name |  | Current GP |  |
| Hospital Address |  | GP Practice Address |  |
| Postcode |  | Postcode |  |
| CCG Locality |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Detained under Section | 3 |  | 37 |  | 45a |  | 47 |  | | 48 |  | Of Mental Health Act |
| Date of Section |  | | | | | | | | | | | |
| Form completed by |  | | | | | Date completed | | |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parental Responsibility (Name) |  | | | |
| Individual is aware that a referral is being made to CSWS | Yes |  | No |  |
| Parent is aware that a referral is being made to CSWS | Yes |  | No |  |

Email form to Children’s Services – Frontdoor@kent.gov.uk