## Family Name:

#### **Practitioner Name:**

## Name of person completing:

# **Headline Criteria**

**Family Circle Two** 

- 2 Promoting recovery and Reducing harm from Substance Misuse
- 3 Improved Family relationships
- 4 Children are Safe from Abuse and Exploitation
- 5 Preventing and Tackling Crime
- 6 Safe from Domestic Abuse
- 1 Current need
- 2 Current need and wants support
- 3 Current need and engaged in support
- 4 Need being managed
- 5 Not a current need

#### **PRIVACY NOTICE**

#### I understand that:

Telford & Wrekin Council collect personal information on me/my family to enable the council to provide support services which will benefit me as an individual and/or my family.

That my/my family's personal information will only be shared internally between council services to enable these services to be provided to me/my family.

Telford & Wrekin Council may also share my/my family's personal information with government departments or other public bodies as required by relevant legislation.

For further information please visit:

www.telford.gov.uk/terms

