

# **A Guide to completing a Multi-Agency Referral Form via Havering MASH Portal**

Duty Telephone Number  
01708 433222

# Completing a Referral

You will need to enter child's details i.e. Forename and Surname. Once completed select Confirm. You will see a Plus icon which will allow you to add siblings

**WHO IS THIS ABOUT?**

In the section below please add the name of all persons that this form is about. You will need to details for at least 1 individual. If you need to add more people, use the **+** icon to add a new row. Using the **-** icon will remove a person from the form.

Once completed use **Confirm** to save your changes. You will not be able to progress through the form until changes have been confirmed.

Please add details of all persons to be included in this form to be submitted to the Local Authority

Forename	Surname
<input type="text" value="Dennis"/>	<input type="text" value="Dragonfruit"/> <b>+</b>

**Confirm**

**Next** →

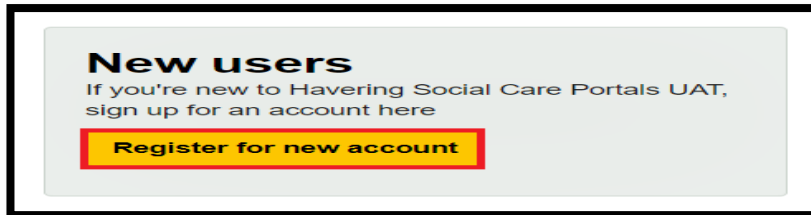
Print   Contact Us   Save for later   Close   Cancel

**ADDITIONAL DETAILS**

In order to progress with this form you must either log in or complete a simple registration for a new account. You can then continue to complete this form. This will enable you to track the form at a later date.

**Login or Register**

# Creating an account within the Portal if you are not already an account holder



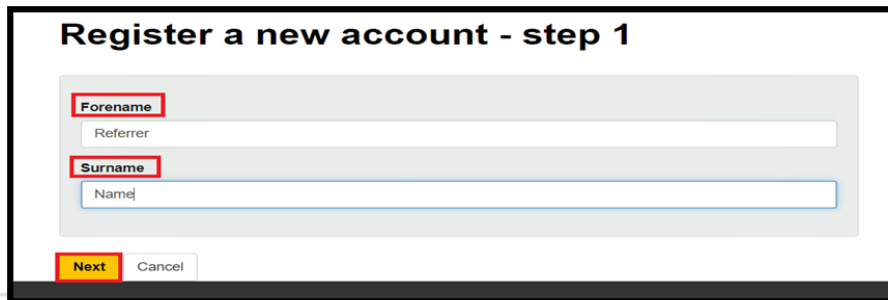
You will be taken to the Privacy Statement and will be asked to complete. Each Professional will be required to have their own account

Information required:

Contact Email address

Name of Professional

When creating you will be send a code to your email to verify the account



**Register a new account - step 1**

**Forename**  
Referrer

**Surname**  
Name

[Next](#)

## Creating an account within the Portal continued

You will need to enter your ***Email address, Password & Confirm Password. Select Next*** to proceed.

You will then be alerted that you have been sent a verification code via their ***Email***

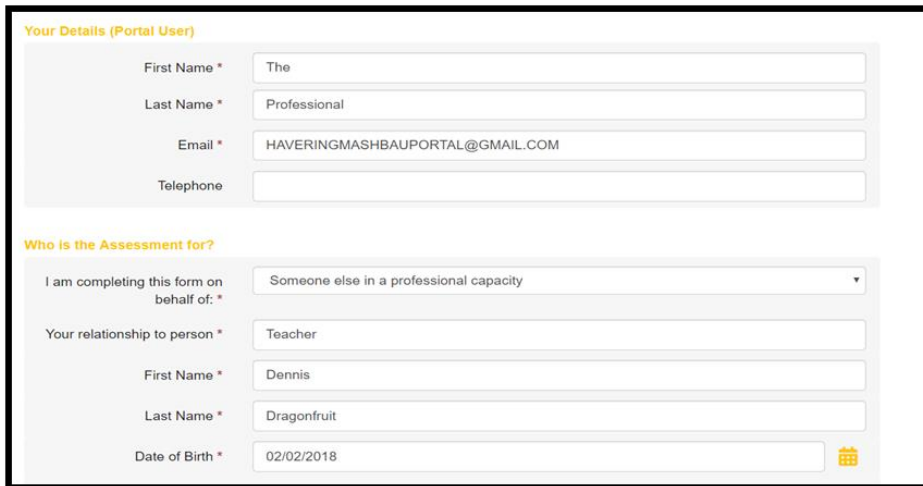
You will need to ***Select*** the link in your ***email*** that states ***Please verify your email address. You will be sent an 8 Digit Code.*** This will need to be inputted onto the Portal Website.

Your Registration will now be complete. Any time you complete a referral you will need to log into your Portal account.

You will need to read the Terms and Conditions. Once read you will need to select ***I agree to the Terms and Conditions.***

# Completing the Referral

Now you have registered with an account will now be able to complete the referral. All fields within the form should be completed. Anything that has a red asterisk next to it is mandatory and will need to be completed in order to be submitted. An example is below:



The screenshot shows a web form with two main sections. The first section, 'Your Details (Portal User)', contains four input fields: 'First Name \*' with the value 'The', 'Last Name \*' with 'Professional', 'Email \*' with 'HAVERINGMASHBAUPORTAL@GMAIL.COM', and 'Telephone'. The second section, 'Who is the Assessment for?', contains a dropdown menu for 'I am completing this form on behalf of: \*' with the selected option 'Someone else in a professional capacity', a text field for 'Your relationship to person \*' with 'Teacher', and three more text fields: 'First Name \*' with 'Dennis', 'Last Name \*' with 'Dragonfruit', and 'Date of Birth \*' with '02/02/2018' and a calendar icon.

At the bottom of the Page type in the Postcode and Select Find Address. Complete the rest of the form sharing as much information as you can regarding reason for referral/family etc.

# Is the Referral for Early Help or is it a Safeguarding Concern?

When completing the referral you will need to answer that you have consent from a person who has parental responsibility.

You will be required to answer yes to this question or the referral will not be able to be completed.

All Early Help referrals require consent.

When safeguarding concern please ensure you have informed the parents of the referral although they may not give explicit consent by informing them you can answer yes to the question.

# You will be asked to give a RAG rating for the Referral being made whether this is a Safeguarding or Early Help Referral

**RED**- Child Protection s47 enquires

**AMBER**- Child in Need section 17 assessment (single assessment)

**GREEN**- Early Help/ Universal services.

The rag rating that you share is in relation to your Professional opinion, you can also include your rationale.