

Date

Name
and
address
of
other professional

Dear (name of other professional),

Early Help Meeting

In accordance with Warrington's Early Help procedures, an Early Help meeting will take place on (date) at (time) and will be held at (details of venue) regarding the individual/family named below.

Name: x
Date of Birth: x
Address: x

I write to invite you to attend this meeting. If you are not currently working with this individual/family, but have relevant information which could help to support them, please provide this on the attached form and then email the completed form back to me **at least 3 working days before the date of the meeting**. Your completed form will assist with the planning of support for this individual/family and where appropriate, will form part of the actions on their Early Help Review/Meeting.

The reason an Early Help Assessment/Early Help Review/Meeting was completed with this individual/family is ... The assessment/review/meeting which is to be reviewed at this meeting is dated (date).

Please ensure you complete the prep form with the individual/family and that you have their consent to share this information at the meeting.

If you are unable to attend, please let me know why **at least 3 working days before the date of the meeting and email your completed form to me at the same time**. I will update those present by using the information contained within your form.

Yours sincerely,

(Your name)
(Your job title)

Tel: (01925) 123456
Mobile: 01234 567890
E-mail: xx@xx