This form should be completed by external users who wish to apply for access to the London Borough of Barnet’s Early Help System (EHM) in order to access information on individuals who are subject to a Common Assessment Framework (CAF) assessment.

Section A of this form should be completed by the applicant and Section B by the applicant’s line manager.

**Once complete, the form must be emailed to** [**FSSystemsandData@Barnet.gov.uk**](mailto:FSSystemsandData@Barnet.gov.uk) **from your line managers email account.**

**SECTION A – To be completed by applicant**

|  |  |
| --- | --- |
| **Applicant Details** | |
| Title |  |
| Forename |  |
| Surname |  |
| **Services Details** | |
| Job Title |  |
| Department Name |  |
| Team Name |  |
| **Contact Details** | |
| Work email address |  |
| Work Landline Telephone Number |  |
| Work Mobile Telephone Number |  |
| Work Address and Postcode |  |

**SECTION B – To be completed by applicant’s line manager**

|  |  |
| --- | --- |
| **Managers Details** | |
| Title |  |
| Forename |  |
| Surname |  |
| Job Title |  |
| Work email address |  |
| Work Landline Telephone Number |  |
| Work Mobile Telephone Number |  |
| Work Address and Postcode |  |
| Date form completed |  |

|  |  |
| --- | --- |
| **Security Information** | |
|  | ***Specify YES or NO*** |
| Does the applicant work directly with children/young people. |  |
| Have you or an HR professional seen a *current* enhanced Criminal Records Bureau (eCRB)/ Disclosure and Barring Service (DBS) disclosure which has a clear status for this applicant? |  |
| Enhanced CRB/DBS Disclosure Number |  |
| Are you satisfied that there is no reason why this applicant should not have access to the LBBarnet EHM system? |  |
| Can you confirm that this applicant has attended Universal Safeguarding training within the last 3 years? (Pre - requisite for applicants who are working directly with children/young people) |  |

Use of the LBBarnet EHM system is only to be used by authorised staff and all staff using the system must ensure they adhere to the following:

* The system must only be used where there is specific consent from families and this consent is recorded in the system. If this consent is withdrawn then you must contact the CAF team.
* The system is only to be used to access information where there is an existing professional Involvement and this will be monitored by regular system audits
* External practitioners and managers must inform LBB where staff leave, move and no longer require access to this information.

|  |  |
| --- | --- |
| **Applicant declaration** | |
| I certify that to the best of my knowledge the information provided on this form is true and accurate. | |
| Applicant Name: |  |
| Date: |  |

|  |  |
| --- | --- |
| **Line manager declaration** | |
| I certify that to the best of my knowledge the information provided on this form is true and accurate.  I am content to support **{INSERT APPLICANTS NAME HERE}** application to become a LBB EHM user and confirm that they require access to carry out their professional role. I will notify [**FSSystemsandData@Barnet.gov.uk**](mailto:FSSystemsandData@Barnet.gov.ukb)should this applicant cease to require access to the LBB eCAF system. | |
| Manager Name: |  |
| Date: |  |

This form will be passed to the CS data team who will request authorisation from the CAF team before releasing logins to the EHM ELearning portal and after training has been completed to the EHM system itself.