**Hertfordshire Families First Early Help Module (EHM) system – External User Registration Form**

**Please read the following instructions carefully before completing this form**

**All practitioners applying to become a Families First Early Help Module (EHM) system user MUST**

**have booked/or attended the Early Help Module system training**

* **Please keep this document in its current Microsoft Word format and type in your details. Please do not print this form or complete it by hand, as this will delay processing.**
* **For those working directly with children or young people, please ensure that you have the following before applying to use the EHM system:**
	+ **A current enhanced CRB or Disclosure and Barring Service (DBS) check**
	+ **Level 1 Safeguarding Training completed within the last 3 years**
* **Please make sure all sections of the form are complete before sending. Incomplete forms will be returned, and will not be processed.**
* **Once completed, this form must be emailed FROM THE MANAGER’S EMAIL ACCOUNT to:** **familiesfirstassessment@hertfordshire.gov.uk** **with the subject heading New User Registration**
* **This is required so that we can verify the line manager’s authorisation for the application(s). With the exception of head teachers or service managers, forms sent directly from the applicant(s) will be returned, and will not be processed.**

|  |  |
| --- | --- |
|  | **TO BE COMPLETED BY THE APPLICANT(S) LINE MANAGER** |
| **MANAGER’S DETAILS** |  |
| **Title (Mr/Mrs/Dr/Miss, etc.):** |  |
| **Forename:** |  |
| **Surname:** |  |
| **Job Title:** |  |
| **Name of Organisation / Service:** |  |
| **Work email address:** |  |
| **Work landline phone number:** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name(s) (Please List)** | **Job Title** | **Work E-mail Address** | **Work Telephone Number** | **Date booked on/attended EHM Training.** **Use format:****DD/MM/YYYY** | **Line Manager Work Oversight Required? \*\* Please click on box below to choose an option** | **Full Work Address and Postcode of delegate** |
|  |  |  |  |  | Choose an item. |  |
|  |  |  |  |  | Choose an item. |  |
|  |  |  |  |  | Choose an item. |  |
|  |  |  |  |  | Choose an item. |  |
|  |  |  |  |  | Choose an item. |  |
|  |  |  |  |  | Choose an item. |  |
|  |  |  |  |  | Choose an item. |  |
|  |  |  |  |  | Choose an item. |  |
|  |  |  |  |  | Choose an item. |  |
|  |  |  |  |  | Choose an item. |  |

**\*\*Please note if you tick yes to Line Manager Work Oversight above, you will be required to authorise any work undertaken by your worker on EHM system at all times. Your worker will not be able to progress any assessments without your authorisation.**

| **SECURITY INFORMATION (This MUST be completed by Manager)** |
| --- |
| **SPECIFY YES OR NO – DELETE AS APPROPRIATE** | **Please choose an option** |
| Have you or an HR professional in your organisation seen a **current** enhanced Disclosure and Barring Service (DBS) Certificate which has a clear status for this/these applicant(s)? (Required for applicants who are working directly with children / young people) | Choose an item. |
| Are you satisfied that the applicant(s) is/are suitable person(s) to access the Early Help Module (EHM) system? | Choose an item. |
| Can you confirm that the applicant(s) has attended Level 1 Safeguarding training within the last 3 years? (Required for applicants who work directly with children / young people) | Choose an item. |
| Please tell us if any of the applicant/s above is already a registered user of Early Help Module, and the request is because they have changed roles or now work for another agency etc. Providing this detail will help us to update their current user account to reflect the change, rather than create a new user account for them.  | Choose an item.**If Yes please give their previous details used to register for Early Help Module (EHM)** **Previous Role:****Previous Organisation:** **Previous Email Address:**  |
| I certify that, to the best of my knowledge, the information provided on this form is true and accurate. I am content to support **the above named in their** application to become users of the EHM system, and I confirm that they require access in order to carry out their professional role. As line manager for the above-named person(s), I am aware that it is my responsibility to inform the Families First Helpdesk/SERCO? When any member of staff leaves their current role, and to request suspension of their EHM system access rights. |  |
| **Manager Name:** | **[Please type your name here. A handwritten signature is NOT necessary]** |
| **Date:** | DD/MM/YYYY |

**Families First Helpdesk**

Should you require any support to complete the Families First User Registration Form please contact:

Families First EHM Helpdesk on Tel: 01438 737575 or Email: familiesfirstassessment@hertfordshire.gov.uk

Families First Helpdesk Opening times:

Monday to Thursday 9.00am to 5.00pm

Fridays 9.00am to 4.30pm