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| Children’s Services.**Executive Director** TolisVouyiokas | **Buckinghamshire County Council**County Hall, Walton StreetAylesbury, Buckinghamshire HP20 1UATelephone 0845 3708090[www.buckscc.gov.uk](http://www.buckscc.gov.uk) |
|       | 16 March 2018 |

**Please pass this letter and form on to the appropriate office in you department.**

To Whom it May Concern.

**THE CHILDREN ACT 1989 GUIDANCE AND REGULATIONS:**

**CARE PLANNING, PLACEMENT AND CASE REVIEW (2010)**

In accordance with the above Regulation, Local Authorities placing young person in the area of another Authority are required to provide written notification to the Authority concerned, as well as the local Clinical Commissioning Group and Education Authority. Notifications of children placed in Buckinghamshire should be sent via email to secure-cypfirstresponse@buckscc.gcsx.gov.uk.

I am therefore writing to notify you of children or young persons placed by Buckinghamshire County Council within the area of your Local Authority. Please find attached information relating to this child or young person and details of their placement(s).

For further information please contact the allocated Social Worker, whose details are also attached.

I would be grateful if you would provide us with similar information relating to any child/young person placed within or moving out of Buckinghamshire County Council. Please send this information to secure-cypfirstresponse@buckscc.gcsx.gov.uk

**If this is not the correct address for your Department involving Looked After Children, please contact me on 01296 387933 to notify me of the appropriate contact address.**

Yours sincerely,

**Wendy Maloney**

**Business Support Officer, Care Services Aylesbury**

email: **CareServiceAylesbury@buckscc.gov.uk**

**The Children Act 1989 Guidance and Regulations:**

**Care Planning, Placement and Case Review (2010)**

**NOTIFICATION OF MOVING IN TO AUTHORITY AREA**

**Child:**

**Date of Birth:**       **Age:**

**Ethnicity:**

**Gender:**

**On Disability Register:**

**Subject to CP Plan:**

**Current Legal Status:**

**Placement Start Date:**

**Placement/Carer Name:**

**Placement Address:**

**Is the young person at risk of: CSE:**

 **Going Missing:**

 **Gang Activity:**

**For name and address details of the person with Parental Responsibility, and any other information, please contact the Social Worker on the number below.**

**Social Worker:**

**Social Worker’s Telephone number:**

 **Mobile number:**

**Placing Authority: Buckinghamshire County Council.**

**Will arrangements be made for another authority/person/organisation to supervise or carry out the functions in relation to a placement on behalf of the Local Authority:**

**If yes, with whom have these arrangements been made?**