***Checklist – Child Admittance***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Out of County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Completed Uploaded**

Derbyshire Medical Consent Obtained: □ □ Looked After/ medical consent

(Add to Initial Health Paperwork folder you have created when completed)

Placement Agreement Obtained: □ □ Looked After/Placement Agreement

Delegated Authority Form □ □

Placed at a distance Form (Out of County) □ □

Foster Carer held File □

**Child Change in Circumstance episode** (Task will appear in current work from SW)

Finance Notification Sent: □

Health Notifications Sent: □

Other Notifications Sent i.e. Police, OLA, GP: □

Check Service User Group has been added □

Check LAC episode has been added □

Check address has been changed □

Check LAC relationships have been added □

HMRC Notification: □

**Initial Health Assessment**

Initial Health Assessment booked by TC: □

(01246 512524/512245)

Add date to Mosaic in Health Assessments □

**Paperwork to be completed for Under 8 years:**

Consent form 1 – IHA □ □

Consent form 2 – Parental health □ □

Initial Health Assessment Part A: □

Derbyshire Medical Consent □

BAAF Form Parental Health Mother: □ □

BAAF Form Parental Health Father: □ □

Blood Borne Infection Consent (If required): □ □

BAAF Form Mother □ □

(Send to hospital where born, if under 8 years)

BAAF Form Baby □ □

(Send to hospital where born, if under 8 years)

SDQ 4-16 Main Carer □

SDQ 11-16 Young Person □

SDQ School □

Send to Team coordinator when completed SDQ form is received

**When all completed forms are received please scan and upload to Mosaic, send to health** crhft.cichealth@nhs.net **for the IHA appointment and send completed consent forms to originals filing.**

**Paperwork to be completed for 8 years plus**

Consent form 1 – IHA □ □

Consent form 2 – Parental health □ □

Initial Health Assessment Part A: □

Derbyshire Medical Consent □

BAAF Form Parental Health Mother: □ □

BAAF Form Parental Health Father: □ □

SDQ 4-16 Main Carer □

SDQ 4-16 Young Person if 11 and over □

SDQ School □

**Send to Co-ordinator when completed SDQ forms is received**

**When all completed forms are received please scan and upload to Mosaic, send to health** crhft.cichealth@nhs.net **for the IHA appointment and send completed forms to CIC Team for originals filing.**

Birth certificate application x2: □

Passport application □

Bank Account □

Junior ISA □

PIP/DLA Application □