**18+ PANEL FORM**

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| **Young Person’s Information** | | | | | |
| **Name** | **AZEUS ID** | **Status** | **DOB** | **Ethnicity** | |
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| **Personal Advisor:** |  | | | | |
| **Leaving Care Team/Practice Leader:** |  | | | | |
| **Type of Accommodation?** | Choose an item. | | | |

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| **Checklist** | | |
| **Task** | **Completed?** | **Date of Completion** |
| **PWP Updated?** |  |  |
| **Benefit application completed?** |  |  |
| **Financial arrangements?** |  | |
| **Future accommodation?** |  | |

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| **What is working well for the young person and at home?** (consider: the 6 C’s – Co-production, Curiosity, Compassion, Confidence, Clarity, Community) |
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| **What are the worries for the young person? Is there any significant risk that needs to be addressed or considered?** (consider: housing, rent arrears, well-being, education/employment, leisure, risks/vulnerabilities) |
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| **What needs to happen for this young person?** (what actions need to being taken by the Personal Advisor and others in the network, think SMART. Also is the intervention Purposeful, Planned, & Focused?) |
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| **What is the young person’s view of their current situation**? (what risk or concerns does the young person have) |
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| **Panel Decisions** |
| Discussion: |

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| **What needs to happen?** (Is the work Purposeful, Planned, & Focused?) | **Who is responsible for ensuring that it happens?** | **When will this happen by?** |
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| **Panel Chair**  (print name) |  |
| **Panel Date:** |  |
| **Panel Review Date** |  |