Case transfer template

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| Name of child(ren): |  |
| Date of Case Transfer: |  |
| Reason for change of Social Worker(*if this is for any reason other than the previous worker leaving the locality the Team Manager must agree the transfer with the Head of Service in advance*) |  |
| Date agreed with Head of Service (*if applicable*) |  |
| Impact on the child(*How will the change of worker affect the child? What has been done to minimise this impact and how has the child been informed/prepared for a change of worker*) |  |
| When & how have the family been informed?(*Please ensure that all relevant family members have been informed of the change of social worker and given the necessary contact details in a timely manner*) |  |
| When & how have involved professionals been informed?(*Please ensure that all relevant professionals and agencies have been informed of the change of social worker and given the necessary contact details in a timely manner. Please identify the professionals who have been notified*) |  |
| Key dates for meetings/visits/court*Please identify the nature of the event, along with the date, time and venue* |  |
| Outstanding Actions(*Any additional tasks, case requirements, upcoming reports etc. that the receiving worker will need to undertake*) |  |