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| A logo with trees and a bird  Description automatically generated | **Request for 8-week extension of approval for Regulation 24 placement (Regulation 25)** |

**Date of Panel:**

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| **Name of temporary approved Foster Carers:** | **DOB of temporary approved Foster Carers:** | **Ethnicity of temporary approved Foster Carers:** |
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| **Name of Other Household members:** | **DOB of Other Household members:** | **Ethnicity of Other Household members:** | **Relationship to temporary approved Foster Carers:** |
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| **Name/s of Looked After Child/ren:** | **DOB of Child/ren:** | **Ethnicity of Child/ren:** |
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| **Name, mobile number and email address of Child Social Worker:** |  |
| **Name, mobile number and email address of Child Social Worker’s line manager:** |  |
| **Name, mobile number and email address of Assessing Social Worker:** |  |
| **Name, mobile number and email address of Assessing Social Worker’s line manager:** |  |

**PLACEMENT AND AUTHORISATION DETAILS**

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| **Placement address:** |  |
| **Date Reg24 placement commenced:** |  |
| **Date of Head of Service Authorisation:** |  |
| **Please list any actions Head of Service asked to be followed up and progress made on each action:** |  |
| **Date case referred to the Family and Friends Team:** |  |
| **Date case allocated to Assessing Social Worker:** |  |
| **Date 16 weeks expire:** |  |
| **Date 24 weeks expire:** |  |
| **Likely date for presenting the full assessment to panel:** |  |
| **Legal Status of the Child/ren:** |  |
| **Date of Section 20 or Interim Care Order:** |  |
| **Date IRO informed of Reg25 extension needed:** |  |

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| **Background information (including reason for placement):** |
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| **Brief Background of the carers:** |
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| **Brief Background of the Looked After Child/ren – please also include child/ren’s wishes:** |
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| **Summary of the looked after child/ren’s educational, social, emotional and health development:** |
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**CHECKS**

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| **Current position re: DBS checks – have local police checks been undertaken – if not, please set out the reasons. Has a self-declaration form been completed (in absence of DBS and/or PNC)?** |  |
| **Current position re: medical checks – are there any significant health conditions impacting on the carers’ ability to care for the children?** |  |
| **Current position re: LA checks – have current/previous/other LA checks been requested – are there any concerns raised?** |  |

**EXTENSION**

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| **Reason/s for requesting an extension:** |
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**SAFEGUARDING RISKS**

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| **Any current or possible future risks in current placement?** |
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| **If yes, please set out the agency’s plan for addressing the risks (please attach any risk assessments completed, signed off by line manager):** |
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| **ANY OTHER RELEVANT INFORMATION PANEL NEEDS TO BE INFORMED OF:** |
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| **Name and signature of Assessing Social Worker, Family and Friends Team** |  |
| **Name and signature of Assistant Team Manager, Family and Friends Team** |  |
| **Name and signature of Team Manager, Family and Friends Team** |  |
| **Name and signature of Head of Service (Nominated Officer)** |  |