|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Initial or Emergency Matching Checklist and record of decision** | | | | | | | | |
| **Name/s of child(ren)** | **Age** | | **Date of birth** | | **Gender** | | **Ethnicity** | |
|  |  | |  | |  | |  | |
| **Needs and Outcomes received?** | **Yes** | |  | | **No** | |  | |
| **Further Information Requested? ie risks; location; contact arrangements, transport.** | | | | | | | | |
|  | | | | | | | | |
| **Potential carers who match the child’s profile**   * **List a maximum of five and rank in order of preference starting with “most appropriate match”.** * **Include brief description of reasons: strengths and vulnerabilities; risks of potential match and people consulted i.e. Supervising Social Workers, Team Managers.** | | | | | | | | |
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| **Have any of the above carers been ruled out, if so for what reasons?** | | | | | | | | |
|  | | | | | | | | |
| **Has the carer been spoken to?** | | | | **Yes** | |  | **No** |  |
| **Has the referral be given to the carer? (by email or phone)** | | | | **Yes** | |  | **No** |  |
| **Is additional support required for this placement i.e. transport, enhanced respite?** | | | | **Yes** | |  | **No** |  |
| **Has ATR been attended or HOS approval been given to this additional support?** | | | | **Yes** | |  | **No** |  |
| **Has a matching discussion or meeting taken place?** | | | |  | |  |  |  |
| **Is there a record of the matching discussion or meeting on the child’s file?** | | | |  | |  |  |  |
| **Has the proposed carer agreed to the placement?**  **If no, please record reasons below** | | | | **Yes** | |  | **No** |  |
|  | | | | | | | | |
| **Has the child’s social worker been given carer’s details?**  **If CSW has declined please give reasons below:** | | | | **Yes** | |  | **No** |  |
|  | | | | | | | | |
| **Record of Decision** | | | | | | | | |
| **Name of carer providing/potentially providing placement:** | |  | | | | | | |
| **Anticipated start date of placement:** | |  | | | | | | |
| **Completed by:** | |  | | | | | | |
| **Date:** | |  | | | | | | |