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| **Placement Planning/Review Details**  **(to be completed by the Child’s Social Worker)**  **To be sent to** [**Placements@torbay.gov.uk**](mailto:Placements@torbay.gov.uk) **when completed** | | |
| **Child’s Name:** | |  |
| **Date of Meeting:** | |  |
| **Name of Meeting:** | |  |
| **Name of Social Worker (LA):** | |  |
| **Name of Providers representative/FSW:** | |  |
| **Name of Provider/Agency:** | |  |
| **Name of Foster Carer/s:** | |  |
| **Placement Planning:** | | |
| **Placement Plan (including timescales for objectives/assessments):** |  | |
| **Outcomes to be achieved for child/Young Person (Please detail any specific outcomes which are to be prioritised for this child/young person):** |  | |
| **Exit plan (including timescales):** |  | |
| **Contact Arrangements (include contact expenses already agreed):**  **PLEASE NOTE ANY ADDITIONAL EXPENSES NOT AGREED WHEN PLACEMENT WAS ACCEPTED WILL NEED TO BE AGREED AT L.A. PANEL AND CANNOT BE AGREED AT THE MEETING** |  | |
| **Placement agreements:** | | |
| **Transport:**  **(The Provider or their carers are expected to fund the day-to-day transport needs for the children/young people placed, within a 20-mile radius of the foster home up to 200 miles per week averaged out over the invoice period) or appropriate contribution to transport if carer does not drive. This agreement shall be specified in the Individual Placement Agreement (IPA).)** |  | |
| **Education and transport to school details (please refer to above re transport):** |  | |
| **Pocket Money & Savings agreement:** |  | |
| **Medical Consent:** |  | |
| **Social Worker – Additional Comments/Needs (ADDITIONAL NEEDS WILL NEED TO BE AGREED AT L.A. PANEL AND CANNOT BE AGREED AT MEETING)** | | |
| **Additional Comments/Needs:** | | |
| **Reason for request:** | | |
| **Provider Response – Additional Comments/Needs (ADDITIONAL NEEDS WILL NEED TO BE AGREED AT L.A. PANEL AND CANNOT BE AGREED AT MEETING)** | | |
| **Additional Comments/Needs:** | | |
| **Reason for request:** | | |
| **Placement Review:** | | |
| **Date of First Review:** |  | |

Date completed …………………………………………………………….

Completed by ……………………………………...

COMPLETED FORM TO BE SENT TO [PLACEMENTS@TORBAY.GOV.UK](mailto:PLACEMENTS@TORBAY.GOV.UK) IMMEDIATELY AFTER THE MEETING TO BE INCLUDED ON THE CONTRACT (IPA)