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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** **when completed** |
| **Child’s Name:** |  |
| **Date of Meeting:** |  |
| **Name of Meeting:** |  |
| **Name of Social Worker (LA):** |  |
| **Name of Provider:** |  |
| **Manager:**  |  |
| **Address:** |  |
| **Contact Number & Email:** |  |
| **Placement Planning:** |
| **Placement Plan (including time scales for objectives such as assessments, therapeutic work etc.):** |
| **Review dates and timescales for any additional support/services:** |
| **Exit plan (including time scales for step down):** |
| **Current Position Statement:** |
| **Contact Arrangements (include proposed contact expenses) 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 Arrangements:** |
| **Transport:**  |
| **Education and transport to school details:** |
| **Name, address and contact details for education if provided by Provider:** |
| **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 requests:** |
| **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 requests:** |
| **Reason for request:** |
| **Placement Review** |
| **Date of First Review:** |  |

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

Completed by ……………………………………………………………….

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