A screenshot of a cell phone

Description automatically generated­­

**LAC Notification Form (Regulation 41)**

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| Full Name: |  | | | Insert recent photograph: | |  |
| Other Name(s): |  | | |
| Date of Birth: | **Click or tap to enter a date.** | | |
| Gender: | **Choose an item.**  **If other, please state:** | | |
| Current placement address and telephone number: | **Full Name of Organisation:**  **Address & Postcode**:  **Telephone Number(s):** | | | | | |
| Placement start date: | **Click or tap to enter a date.** | | | | | |
| Legal status S20 / S21 / S31 etc: |  | | | Young person’s mobile no: | |  |
| Staff ratio: |  | | | Handset IMEI: | |  |
| **DESCRIPTION:** | | | | | | |
| Ethnicity: | **Choose an item.** | | | Sub-Ethnicity | | **Choose an item.** |
| First Language | **Choose an item.** | | | Fluency in English | | **Choose an item.**  **If No:** **Interpreter required?** |
| Nationality: | **Choose an item.**  **If other, please state:** | | | Country of Birth: | | **Choose an item.** |
| Is the young person an Unaccompanied Asylum Seeker? | **Yes  No** | | | | | |
| Warning signs/Risks: |  | | | | | |
| Religion: | **Choose an item. Practising Religion? Tick box if yes:**  **If other, please state:** | | | | | |
| Smokes:  Cigarettes/ Cannabis/ E-Cigarette etc..? | **Choose an item.**  **If yes, provide details:** | | | Drinks Alcohol: | | **Choose an item.**  **If yes, provide details:** |
| Uses drugs?  Which drugs? | **Choose an item**. **If yes, provide details:** | | | | | |
| Height: |  | | | Unique jewellery / possessions: | |  |
| Build: |  | | | Hair colour: | |  |
| Eye colour: |  | | | Accent: | |  |
| Wears glasses: |  | | | Marks / scars / tattoos: | |  |
| **HEALTH:** | | | | | | |
| ­­­­­Physical conditions: |  | | | Mental health conditions: | |  |
| Communication difficulties: |  | | | Other conditions: | |  |
| Habits: |  | | | Learning needs: | |  |
| Essential medication: |  | | | NHS Number: | |  |
| **RESPONSIBLE LOCAL AUTHORITY:** | | | | | | |
| Responsible Local Authority Name: | |  | Team responsible: | |  | |
| OOH / Duty contact no: | |  | Case reference: | |  | |
| **SOCIAL WORKER’S TEAM MANAGER DETAILS:** | | | | | | |
| Name: | |  | Address: | |  | |
| Telephone number(s): | |  | Email: | |  | |
| **SOCIAL WORKER’S DETAILS:** | | | | | | |
| Name: | |  | Address: | |  | |
| Telephone number(s): | |  | Email: | |  | |
| **DOCTOR’S DETAILS:** | | | | | | |
| Name: | |  | Address: | |  | |
| Telephone number: | |  | Email: | |  | |
| **CONTACTS – FAMILY:** | | | | | | |
| Name:  Address:  Telephone: | |  | | | | |
| Name:  Address:  Telephone: | |  | | | | |

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| **ANY RELEVANT RISKS. CONSIDER USE OF THE PHILOMENA PROTOCOL**  <https://proceduresonline.com/trixcms1/media/12315/philomena-protocol-form-april-2022.docx> | | | |
| **SAFEGUARDING AND SOCIAL CARE INFORMATION:** | **Yes** | **No** | **If Selected Yes, provide details:** |
| Is the child subject to a child protection plan? |  |  |  |
| Does the child have a history of running away or missing from home? |  |  |  |
| Are there any concerns around CSE/CCE? |  |  |  |
| Is the child subject to any Court order or YOS intervention as a young offender? |  |  | **If Yes:** Specify which Youth Offending Service is supporting the Young Person: |
| Has a risk assessment been completed? |  |  | ***If yes, specify what type of* risk assessment*:***  ***Risk Assessments/ Trigger Plans etc… to be emailed to the relevant Local Authority (details below) alongside this Reg41 Notification form.*** |
| Should the Police be informed of any risks? |  |  | **If Yes:** Specify the risks |

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| --- | --- | --- | --- |
| **Name of Staff completing form:** |  | **Date form completed:** | **Click or tap to enter a date.** |

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| **END OF PLACEMENT – This section to be completed when the Young Person leaves the placement** | | | |
| Reason the placement ended: |  | End date of placement: | **Click or tap to enter a date.** |
| Forwarding address  *(if known):* |  | Name of Staff completing form & Date form completed: | **Click or tap to enter a date.** |

**Once complete, please send this form to the relevant Local Authority:**

**Please use** **<https://www.gov.uk/find-local-council> to identify which Local Authority the Young Person is placed in. Please only contact the relevant Local Authority where the Young Person is residing, via the below email address.**

**Leicestershire County: NotificationsLAC@leics.gov.uk**

**Leicester City:** **Placements.Desk@leicester.gov.uk**

**Rutland County:** **Childrensreferrals@rutland.gov.uk**

**In ALL cases, The Reg41 LAC Notification form should always be sent to the following addresses:**

**Leicestershire Police: MPRU@leics.police.uk**

**Health:** [**lep-tr.FYPClookedafterchildrennotifications@nhs.net**](mailto:lep-tr.FYPClookedafterchildrennotifications@nhs.net)