

## Quality & Review Care Panel Referral Form

**Please send completed referral forms and requested documentation to:**  
**[QualityandReviewCarePanel@Bournemouth.gov.uk](mailto:QualityandReviewCarePanel@Bournemouth.gov.uk)**

Panel Date:			
Child's Name:			
MOSAIC No:			
Previous Panel Case:	Yes	No	Date Last Presented: <input type="text"/>
Date of Birth:			Age: <input type="text"/>
Ethnicity:			
	<i>Other Please Specify</i>		
Disability:			
	<i>Other Please Specify</i>		
Legal Status:	Interim Care Order	Remanded into Custody	
	Care Order	Special Guardianship Order	
	Section 20	Supervision Order	
	Other (Please specify)		
Type of Placement:	IFA	Residential School	
	B&B	Supported Lodgings	
	Residential	Bespoke Package	
	Other (Please specify)		
Name of Provider:			
Placement Address:			
Postcode:			
Reason for Referral:	<input type="checkbox"/> Oversight and Review <input type="checkbox"/> Consultation, Advice and Guidance <input type="checkbox"/> Support to maintain placement <input type="checkbox"/> Agreement for SP Hub Referral <input type="checkbox"/> Support for permanence planning <i>(i.e. long term fostering, reunification)</i> <input type="checkbox"/> SGO Financial Support Recommendation <input type="checkbox"/> Staying Put <input type="checkbox"/> Care Leavers Accommodation <input type="checkbox"/> Education / Health Care Plan Oversight and Review (EHC) <input type="checkbox"/> Other (please specify)		

Child / Young  
Persons Views &  
Wishes:

*In this section record the  
views and wishes of the  
Child / Young Person*

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Documentation:

- |  |   |
|--|---|
|  | Care Plan & Last LAC Review             |
|  | Pathway Plan                            |
|  | Court Care Plan                         |
|  | SGO Support Plan & Financial Assessment |
|  | Specialist Reports                      |
|  | Draft SP Hub Referral                   |
|  | EHC Plan                                |
|  | New Placement Support Package / Costs   |

Referred by:  
Allocated Social Worker:  
Team / Practice Manager:  
Date Referral Sent:


Remember to attach the relevant documentation to support your referral to  
Quality & Review Care Panel.