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**Subsequent Out of County Move Form**

Name of child:

Age of child:

CareFirst ref. number

Proposed placement:

Click here to enter text.(Placement address)

Social worker requesting agreement

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Support for Placement request**

Child’s wishes and feelings re. placement

Click here to enter text.

How this placement is most appropriate and consistent with Care Plan

Click here to enter text.

Parent / carers views re this placement request

Click here to enter text.

The area authority has been consulted and provided with a copy of the child’s Care Plan [ ]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Plans for child**

The following information has been passed to the area local authority where the distant placement is to be made:

* Assessment of child’s needs, including their wishes and feelings [ ]
* Likely duration of placement [ ]
* Arrangements for contact [ ]
* Placement plan [ ]
* Any plans to offer leaving care support [ ]
* Contingency arrangements if plan to support current placement is unsuccessful [ ]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Services to support the child:**

The child’s ***educational*** ***needs*** will be met by:

Click here to enter text.

The child’s ***mental and/or other secondary health*** needs will be met by:

Click here to enter text. (enter N/A if not applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approval**

The Independent Review Officer       (name IRO) has been consulted regarding this placement and is in agreement with its proceeding

I agree to this placement move being made:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assistant Director

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated­: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cc Current Care Plan