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| **Request for Initial Child Protection Conference** **& Invitations**  |
| **Child(ren)s Full Name** | **DOB** | **Protocol number** |
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| Social Worker requesting the Conference |  |
| Case Manager (if different) |  |
| Date of STRATEGY meeting (as on Protocol) |  |
| Current Legal Status |  |
| Previous Involvement? |  |
| Has the child/children been subject to child protection plan before? |  |
| If so, please confirm that you have discussed this with your team manager and SDM (as per agreed CP process) |  |
| Is this a Receiving In? If so, from which LA?  | Please include the length of time the children have lived in the area: |
| ***Reason for calling the conference (couple of paragraphs)*** |  |
| What interim safety measures are in place |  |
| Usual home address  |  |
| Mother’s name, DOB and address if different |  |
| Father’s name, DOB and address if differentParental Responsibility? |  |
| Any significant others? (include DOB and address) |  |
| Name and address of current carers if child not at home, only if to be invited to Conference |  |
| Will the child be invited to the meeting? If not invited, why not?  |  |
| If not attending the conference would the child / young person like to meet with the IRO separately? |  |
| Who will share information regarding the conference process with the child and family?  |  |
| **Are there any issues the conference chair should be aware of:**Different fathers (PR)Aggressive behaviourDomestic violence issues Bail conditionsReasonable adjustments that will be required for the meetingInterpreterOther (please specify)  |  |

**Please ensure that you ONLY add details of those to be invited**

**Failure to fill in invites correctly will result in invites being delayed or not sent**

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| **Professional Involvement / Role** | **Name** | **Email address**  | **Contact No** | **Involved with which child/ren** |
| **Child/ren****(only complete this box if child/ren to be invited)** |  | **(SW to ask their preference and specify)** |  |  |
| **Parents/Carers (state reason if not to be invited)** |  | **(SW to ask their preference and specify)** |  |  |
| **GP Medical Practice** |  |  |  |  |
| **School(s)** |  |  |  |  |
| **Other education rep (e.g. special support)** |  |  |  |  |
| **Name of School Nurse** |  |  |  |  |
| **Name of Health Visitor/Area** |  |  |  |  |
| **Name of Midwife** |  |  |  |  |
| **Consultant Paediatrician** |  |  |  |  |
| **T&W Internal Practitioners** |  |  |  |  |
| **Other Agencies (if unsure discuss appropriate attendance with IRO)** |  |  |  |  |

**Mandatory agencies will also be invited to all**

**Child Protection conferences**

**Once complete please send to IndependentsafeguardingBSOs@telford.gov.uk**

**Duty Decision to be completed by Duty IRO**

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| --- | --- |
| **Duty IRO Name** |  |
| **Date Received by Duty** |  |
| **Child’s Name (just one) plus number of siblings** |  |  |
| **Protocol number (just one)** |  |
| **IRO Summary: threshold met/not Please Tick 🗸** | **Yes** | **No** |
| **Please Tick 🗸 that the Social Worker has confirmed the information on Protocol is correct (to avoid data breaches)** |  |
| **Please Tick🗸 to confirm invite list has been checked and CLEAR for invites to be sent by BSO’s (to avoid data breaches)** |  |
| **Please Tick 🗸 to confirm Interpreter has been requested if required or translation of invite letter etc** |  |
| **Further information Requested / Disagreements** |
| **IRO Summary** |
| **ICPC Allocated to**  |  |
| **Date and time passed to BSO**  |  |