**External Placement Review Panel** Date: 31st March 2016

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| **Young Person’s Details** | | | | | | | | |
| Young Person’s  Full Name |  | | | | | | | |
| Date of Birth |  | | Age |  | CASS ID | | |  |
| Gender | Male |  | Female |  | Date YP became looked after | | |  |
| Current Legal Status |  | | | Parental Responsibility | |  | | |
| Social Worker’s Name |  | | | Locality Team | |  | | |
| Team Manager’s Name |  | | | Has Team Manager quality assessed this form? | | |  | |
| Current placement  In house/External? |  | | | Current placement  Residential / Fostering? | | |  | |

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| **What Placement Decision is needed?** | | | |
| First Time Placement |  | Ratification of Emergency Placement |  |
| Extension of current Placement |  | Change of Placement |  |
| Additional Resources |  |  | |

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| **What is the Permanency Plan** | | | |
| Long Term Fostering |  | Special Guardianship Order |  |
| Adoption |  | Residence Order |  |
| Placement with Parent Agreement |  | Discharge from Care |  |
| Remain in Residential |  | Independence |  |

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| **Background Information AND Current Profile (Attach)** |
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| **Voice of the Child** |
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| **Decisions / Actions from External Placement Review Panel** | | | |
| 1 |  | Who |  |
| 2 |  |  |  |
| 3 |  |  |  |