**Port Ref:** **/**

Assessment of Age – Significantly under sixteen

To be given to the person when assessment has been made so that this may be passed on to relevant agencies.

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| Person decision was made on and nationality: | Name: | |  |
|  | Nationality: | |  |
| Date the decision was made: |  | | |
| Date of birth claimed: |  | | |
| Date of birth or age to be supported Under. |  | | |
| Full assessment required |  | | |
| Workers completing the interview: | 1. |  | |
|  | 2. |  | |
| Area team: |  | | |
| Interpreter: |  | | |
| Language: |  | | |

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| Decision |
| You have stated that you are a under the age of sixteen. It has been agreed by two workers from Lincolnshire County Council that your physical appearance and demeanour suggests that you are **significantly under the age of sixteen**. As an child you are therefore eligible for support from Children’s services and you will be released to the care of foster carers as soon as possible.  If you are not happy with this decision then please take this document to your solicitor once they have been appointed, we will assist you in this matter. However if further information or evidence is available to support you being over sixteen Lincolnshire Children’s services are at liberty to change this current decision and complete a full assessment of age. |

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| Contact details |
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| Signed: |  | Date: |  | (Worker 1) |
|  |  |  |  |  |
| Signed: |  | Date: |  | (Worker 2) |