

**Please submit your completed Supervised Contact Booking Virtual Contact and email to:**

Supervised.contact.coordination.team@westsussex.gov.uk

**This form contains personal and sensitive information and should therefore be managed in accordance with the General Data Protection Regulation 2018.  Any details contained within this form should not be disclosed to other people including the parties involved.**

**COMPLETION OF ALL PARTS OF THIS FORM IS MANDATORY**

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| Today’s date | Click here to enter a date. |

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| **Contact Details** |
| Details of Social Worker |
| Name |       | Team | Choose an item. |
| Phone number (Lync) |       | Mobile number |       |
| Email address |       |
| Skype account to be used | **Note: this is the email accounts used to set up the SKYPE account** |
| Details of Practice Manager  |
| Name |       | Email address |       |
| Phone number (Lync) |       | Mobile number |       |
| Details of Duty to contact in emergency |
| Name |       | Email address |       |
| Phone number (Lync) |       | Mobile number |       |

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| **Child and Carer Details**  |
| **Child 1** | **Child 2** |
| Name |       | Name |       |
| Date of birth |       | Date of birth |       |
| Mosaic Number |       | Mosaic Number |       |
| [ ]  Child in Need [ ]  Looked After Child [ ]  SGO[ ]  Child Protection [ ]  Pre/Care Proceedings  | [ ]  Child in Need [ ]  Looked After Child [ ]  SGO[ ]  Child Protection [ ]  Pre/Care Proceedings |
| Are there any risky behaviours from the child that the Sessional Worker needs to be aware of? [ ]  Yes [ ]  NoIf YES, how should it be managed?       | Are there any risky behaviours from the child that the Sessional Worker needs to be aware of? [ ]  Yes [ ]  NoIf YES, how should it be managed?       |
| **Child 1 Carer/Foster Carer Details**  | **Child 2 Carer/Foster Carer Details** |
| Name |       | Name |       |
| Relationship to child |       | Relationship to child |       |
| Address |       | Address |       |
| Phone number |       | Phone number |       |
| Email |       | Email |       |
| **Age appropriate activities for child** |  | **Age appropriate activities for child** |  |
| **Supervising Social Worker Details and team** | **Supervising Social Worker Details and team** |
| Name and Team |  | Name and Team |  |
| Phone number |       | Phone number |       |
| Email |       | Email |       |

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| **Child 3 Carer/Foster Carer Details**  | **Child 4 Carer/Foster Carer Details** |
| Name |       | Name |       |
| Relationship to child |       | Relationship to child |       |
| Address |       | Address |       |
| Phone number |       | Phone number |       |
| Email |       | Email |       |
| **Age appropriate activities for child** |  | **Age appropriate activities for child** |  |
| **Supervising Social Worker Details** | **Supervising Social Worker Details** |
| Name and Team |  | Name and Team |  |
| Phone number |       | Phone number |       |
| Email |       | Email |       |

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|  | **Details of Parent(s)/Person(s) to have Contact** |
|  | Name | Relationship to Child | Parents first language / significant learning need | Address | Mobile Number | Email |
| Parent/Adult 1 |       |       |  |       |       |       |
|  | What is the capacity of the parent to engage in the contact and how much support will they need? Does anyone other family member need to support the call? |
| Parent/Adult 2 |       |       |  |       |       |       |
|  | What is the capacity of the parent to engage in the contact and how much support will they need? Does anyone other family member need to support the call? |
|  | Any warnings/safety issues regarding parents?*e.g. volatile behaviour/parents not to be advised of each other’s details/alcohol/substance misuse/mental health* [ ] No [ ] Yes – *If Yes provide details*:       |

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| **Virtual Care Plan**  |
| Please allow a minimum of **two working days** from submitting this booking form to the suggested start date indicated below. Anything less than three days, your suggested start date may not be met.  |
| Date initial planning meeting  |       | Review date of VCP |       |  |       |
| Is contact video or telephone? |  | Carers role in contact?  | e.g. in room for duration contact / waiting in adjacent room / in different part of house?      |
|  |  |  |  |  |  |
| Required days/specific dates | Child(ren) to attend | Parent/Adult (s) attending contact | Start Time | End Time | Suggested activity and agreed procedure to terminate contact early |
| Choose an item.One-off contact: click to enter date. |       |       |       |       |       |
| Choose an item.One-off contact: click to enter date. |       |       |       |       |       |
| Choose an item.One-off contact: click to enter date. |       |       |       |       |       |
| Choose an item.One-off contact: click to enter date. |       |       |       |       |       |
| Choose an item.One-off contact: click to enter date. |       |       |       |       |       |
| Choose an item.One-off contact: click to enter date. |       |       |       |       |       |
| Please add additional information here that will be valuable to share |  |

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| **Review / Contacts / References** |  |
| Document title: | Virtual contact flowchart |
| Date approved: | 17 April 2020 |
| Approving body: | Policy & Practice and QA Steering Group  |
| Last review date: |  |
| Next review date: | April 2022 |
| Related internal policies, procedures, guidance: |  |
| Document owner: | AD Corporate Parenting |
| Lead contact / author: | Heidi LuckSarah Spoard |