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| **Mosaic No.** | **Name** | **Age** | **Disability** | **Risk of Exploitation** | **Risk of injury to self or others** | **Restriction(s)** | **Does the child / young person consent to the restrictions?** | **Is the young person Gillick competent?** | **Is a Mental Capacity assessment required?** | **Is the restriction necessary and proportionate and if so why?** | **Is legal advice required and when by?** | **Advocate required?** | **Date initiated** | **Date to be reviewed** | **Name and role of Independent person** |
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