

**Referral & Decision-Making Form for Permanence Panel**

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| --- | --- | --- | --- |
| Child’s ID and Initials  |  | Child’s Date of birth & age  |  |
| Allocated Social Worker |  | Legal Status |  |
| Practice Manager |  | Service Lead  |  |
| Group Manager  |  | Team |  |
| **Question** | **Comments** |
| **Outcome and Decision requested from Panel today** |  |
| **Rationale for Request** |  |
| **Views of child, carer, parent and IRO in respect of outcome/decision sought, if not specifically addressed in CLA report**  |  |
|  |
|  | Summary of Chairs Recommendations |
|  | Actions |
|  | Date of Return to panel if required |

Name of Chair: Signature:

Date: