

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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: