**Request for Extension of Temporary Approval under Regulation 25 of the Care Planning, Placement and Case Review (England) Regulations 2010**

**DATE OF PANEL FOR EXTENSION:**

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**SOCIAL WORKER/S - Names and teams**

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**APPLICANT(S) – Name and Address:**

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**CHILD/REN – Name/s and where currently placed/living**

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1. **Brief background to request -** Why is an extension needed? Include date placement was made and date Reg 24 signed off; attach Reg 24; information about care plan for the child, with clear dates for any court hearings.

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1. **Assessment progress to date –** What has been achieved? Topics covered? Dates of visits

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1. **Issues/Items outstanding –** What has not been done and why not? Concerns identified; checks/references outstanding. Deadline for getting outstanding work done – what is the work plan?

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1. **Views of those consulted**

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| **Has the child’s social worker confirmed this placement remains the most appropriate placement available for the child? When was s/he consulted?**  **YES/NO**  **Has the Independent Reviewing Officer (IRO) been informed of the request for extension? When was s/he consulted?**  **YES/NO**  **Where applicable, please record any comments made by the IRO:** |

1. **Date of Fostering Panel for presentation of full fostering assessment;** include 16 weeks and 24 weeks dates, which are calculated from date of Reg 24 sign off.

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1. **Signatures**

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| **Assessor’s name** |  |
| **Signature** |  |
| **Date** |  |

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| **Manager’s name** |  |
| **Signature** |  |
| **Date** |  |

1. **Agency Decision Maker (ADM)**

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|  | Child/children appropriately placed? |
|  | Agreement to extension of temporary approval |
|  | Extension to approval is not suitable - alternative arrangements are needed. |
| Comments: | |
| **Name:** | |
| **Signature:** | |
| **Date:** | |