

Permanence Planning & Tracking Panel Referral Form



**Please send completed referral forms and requested documentation to
shirley.mcgillick@bcpcouncil.gov.uk.**

Child's Name:

Care Director/MOSAIC no:

Date of Birth:

Age:

Ethnicity:

Other - Please specify:

Disability:

Yes

No

If yes, please specify:

Legal Status:

Interim Care Order

Remanded into Custody

Care Order

Special Guardianship Order

Section 20

Supervision Order

Other - Please specify:

Type of Placement:

IFA

Residential School

B&B

Supported Lodgings

Residential

Bespoke Package

Other - Please specify:

Name of Provider:

Placement Address:

Postcode:

Reason for Referral:

Long-term Fostering Approval

SGO / CAO

In-house

Reunification home

IFA

Review of

Adoption

Permanence Plan

Social Worker:

Team Manager:

Date: