

**Request for Roll Back on EHM or LCS**

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| **Case Number** |  | **Name of Child** |  |
| **Allocated Worker** |  | **Team** |  |
| **Locality / Service Details** |  | **Name of Manager** |  |

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| **Date of Request** |  |

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| **Reason for Roll Back** |
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| **What needs to be rolled back? – details of events and dates**  **What will the impact of the roll-back be?** |
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| **Manager Comments** |
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| **Head of Service Comments** |
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| **Approved** |  |
| **Not Approved** |  |
| **Date of Decision** |  |

**Head of Service to email form to** [**AppSupportChildrens@bradford.gov.uk**](mailto:AppSupportChildrens@bradford.gov.uk)