

**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**