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| **Swindon Borough Council**  **Care panel - legal intervention/placement request form**    ***All fields need to be completed before submitting, once completed please send this along with chronology and completed assessments to chidrenscarepanel@swindon.gov.uk no later than 5pm each Wednesday, any papers received after this time will be placed on the next available panel*.** | |
| **Name:** |  |
| **DoB - Age:** |  |
| **ICS No.** |  |
| **Address:** |  |
| **Identity of Family and Significant persons**:  Mother: Name:  Address:  DOB:  Father: Name:  Address:  DOB:  Does he have PR?  Siblings: Name  DOB:  ICS No.  Names/DOB and contact details of extended family/friends involved or potentially involved as prospective carers or capable of providing assistance as to care. |  |
| Names/DOB and contact details of extended family/friends involved or potentially involved as prospective carers or capable of providing assistance as to care.  Reasons for any exclusions |  |
| **Brief pen picture of child/young person and family**  Any health & special needs/mental health/psychological issues of any party/child? |  |
|  | |
| **Reasons for Request** |  |
|  | |
| * **Alternatives Pursued** * **Outcomes Expected** |  |
|  | |
| **Permanency Plan** |  |
|  | |
| **Expectations from:**   * **Legal Intervention**   **Incl any previous legal proceedings**   * **Service** * **Placement** |  |
| **Name of IRO and his/her views:** |  |
|  | |
| **Name:**   * **Social Worker** * **Team Manager** * **Assistant Team Manager** | Date: / /  Date: / /  Date: / /  Please send an updated chronology and risk assessment with the LPM panel paper to the panel administrator |
| **Outcome of Panel:** |  |
| **Chair agreement of minutes:** |  |