**PART A**

**TO BE COMPLETED BY THE SOCIAL WORKER PRIOR TO THE MEETING**

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| Name of Child:  | DOB: |
| Ethnicity:  |
| Address |
|  |
| Mother:  | DOB:  |
| Address: |
| Father:  | DOB:  |
| Address  |  |
| Any other person with Parental Responsibility:  |
| Name of carer if appropriate and type of placement |
| Legal StatusCIN including length of time on CIN planCP including category of harm and length of time on CP planCLA – legal status and placement typeCare Leaver |

Documents required to support this request;

* Up to date Single Assessment ( within the last 12 months)
* Up to date chronology (within the last 3 months)

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| Brief outline of the reason for the request  |
| **What service/s are you requesting and (if relevant) for how long and what are the hoped for outcomes?(word count 300)** **Brief background, including alternative options considered and how best value has been ensured**: (**word count 300)** **What is the contingency plan? (word count 300)****What does the child want? (word count 300)** **What other partner agencies have been involved and what are their views? (word count 300)** **Date Single Assessments Completed** **Family Group Conference Referral completed? Y/N** **Is a Decision Support Tool (continuing care checklist) required yes /no** **Finance :****Current service and provider ( if applicable):****Cost:** **End date:****Requested service and provider:****Cost:****Breakdown of cost ( if applicable):****Start date**: |
| **Signed: Social Worker** |  | **Date:**  |

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| **Team Manager’s analysis and recommendation** |
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| **Signed: Team Manager** |  | **Date:**  |

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| **Service Manager’s analysis and recommendation**  |
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| **Signed: Service Manager** |  | **Date:**  |

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| **Head of Service/ Assistant Director Decision**  |
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| **Signed:**  | **HoS/AD** | **Date:**  |

**PART B – RECORD OF DECISION**

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| **Panel Actions and Outcome**  |  |
| **Agreed / Deferred / Not Agreed** |  |
| **Signed: Chair**  |  | **Date:** |