**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 Status  CIN including length of time on CIN plan  CP including category of harm and length of time on CP plan  CLA – legal status and placement type  Care 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** | | |
|  | | |
| **Signed: Team Manager** |  | **Date:** |

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

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

**PART B – RECORD OF DECISION**

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