

**Request for Approval of Unregulated Settings**

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| **Social Worker** | | |  | | | | | | | |
| **Team** | | |  | | | | | | | |
| **Name of Child** | | |  | | | **PER Number** | | |  | |
| **DOB** | | |  | | | | **Date of Request** | |  | |
| **Brief Summary of the case** | | | | | | | | | | |
| **Chronology of Placement Search/History** | | | | | | | | | | |
| **Reasons why the placement is required/in the best interest of the child/ren** | | | | | | | | | | |
| **Arrangements to safeguard the child/ren** | | | | | | | | | | |
| **Plan for the child/ren: how long is the placement is going to be unregulated** | | | | | | | | | | |
| **Please state what evidence you are providing to support the request.** | | | | | | | | | | |
| **Please confirm that Unregulated Placement Standards have been followed and identify any shortfalls/concerns – including how these will be mitigated.** | | | | | | | | | | |
| **Has the IRO been informed and are they in agreement with the proposed placement – if not please state the position** | | | | | | | | | | |
| **Please confirm the arrangements to monitor the placement – including management oversight** | | | | | | | | | | |
| **INITIAL/VERBAL APPROVAL OBTAINED** | | **YES/NO** | | **BY WHOM**  **& DATE** | | |  | | | |
| **DIRECTOR OF PRACTICE - COMMENTS** | | | | | | | | | | |
|  | | | | | | | | | | |
| **APPROVED** | **YES** | | | | **NO** | | | **DATE** | |  |

**ADDENDUM – FOR COMPLETION WHEN THE Y/P MOVES PLACEMENT**This section has no associated Explanatory Memorandum

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| **CHANGE OF PLACEMENT - UPDATE** | | | | | | |
|  | | | | | | |
| **IRO INFORMED (TICK)** | | **YES** | | | **NO** | |
| **DIRECTOR OF PRACTICE – UPDATED COMMENTS** | | | | | | |
|  | | | | | | |
| **APPROVED** | **YES** | | **NO** | **DATE** | |  |