

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