**Application to Disabled Children’s Team Resource Panel**

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| **Type of application (Social Work or SWSA):**  |  |
| **Is this a new application or a review?** |  |
| **Date of This Request:** |  |
| **Name of Child/Young Person:** |  |
| **Age:** |  | **Date of Birth:** |  |
| **School/****Nursery:** |  | **Ethnicity:** |   |
| **ICS Number:** |  |
| **Address** (including post code): |  |
| **Telephone Number:** |  |
| **Name and Address of Parent/Carer:** |  |
| **Request submitted by:**  |  |
| **Role:** |  |
| **Please describe the child’s/young person’s disability. Explain what it is that you think that the child/young person cannot do because of their disability. How does it stop them from doing the things that they want to do or how does it stop them from growing up well? (****please ensure that you consider what life would usually be like for a child of this age):** |
| **Who is helping the child/young person now and what do they do to help? If this is paid support, please provide a breakdown of the cost. Please also include details of existing family support.** | **Annual cost:** |
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| **In what ways are the agreed services helping or making things better for the child/young person? Are there ways that the service could be used differently or could be better?** |
| **What did we want to happen?** | **How is the service helping? (****along with evidence of this).** |
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| **Total cost of current support for the previous 12 months:** |  |
| **How will the service you are requesting make the child’s life better? How will it make them safer or help them grow up well and stay at home with their family?** |
| **Details of service requested with clear breakdown of cost per week and per year:** | **How will this help and how will we know it is helping?** | **Annual cost:** |
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| **Total cost of requested service provision for the next 12 months:** |  |
| **Date of last C&F Assessment:** |  |
| **Date of last CIN Plan:** |  |
| **Date of last CIN Review:** |  |
| **Date of last Resource Panel discussion or Management Decision on ICS:** |  |
| **What has already been done to try and help the child/young person and why did this not help or resolve the problem?** |
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| **Have you talked to the child/young person about this plan? How do they think it will help?** |
| **Have you talked to the parent/carer about this plan? How do they think it will help?** |
| **Has a referral for Children’s Continuing Care assessment been made? If yes, give date and outcome. If no, explain why.** |
| **Signature of Social Worker/SWSA submitting request:** |  |
| **Outcome of Resource Panel request and any required actions (including: Was the request agreed? Was the requested service available? Has an alternative service been offered?)** |
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| **Date for next Resource Panel discussion:** |  |
| **Senior Manager Signature:**  |  | **Date:** |  |
| **Signature of admin worker:** |  | **Date form uploaded to ICS:** |  |