**CHILDREN WITH DISABILITIES COMMUNITY RESOURCE PANEL APPLICATION FORM**

*For identified personal social care needs of the child /young person*

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| **Child’s Name/PER Number** |  |
| **Child’s DOB/AGE** |  |
| **Child’s Gender** |  |
| **Child’s Full Address**  |  |
| **Child’s Ethnicity**  |  |
| **Child’s School / Nursery**  |  |

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| **Does the child currently receive a package of support from Birmingham Children’s Trust? If yes please detail the package of support that was agreed and whether this is being fully utilised.** |  |
| **What was the date and decision from the last panel outcome?** |  |
| **Date of the Short Break Review:** **What was the outcome?** |  |

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|  **What are the UNMET personal social care needs identified in the assessment?** |
|  **What is the outcome identified in the assessment?** |

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| **What is working well or not so well with the current package of support?** |  |

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| Prior to attending panel, accessing support from the below services should be attempted. Please select the following that have been approach alongside an update to be provided in the box. |
| [ ]  Action for Children | [ ]  Barnardos | [ ]  Mencap  |
| [ ]  CAMHS/FTB | [ ]  Resource for Autism  | [ ]  Youth Groups |
| [ ]  Family Information Service | [ ]  Sport / Play / Leisure | [ ]  After School/Holiday Clubs/Play Schemes |
| [ ]  Family Together Referral  | [ ]  Family Group Conference | [ ]  CHC referral |

*Please note this form will not be accepted unless your TM has made his or her comments*.

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| **Social Workers Name**  |  |
| **Team Managers Name**  |  |
| **Children With Disabilities Team**  |  |

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| **TEAM MANAGER’S COMMENTS / RECOMMENDATION:** |

**Team Manager’s Signature:**

**Date:**