Referral form for discharge of CO/SGO/Revocation of PO

**DOCS to ACCOMPANY THIS REFERRAL**

Most recent assessment ☐

Most recent looked after child review meeting ☐

Most recent plan (care plan/pathway plan) ☐

If plan is to seek SGO upon discharge, the final SGO Report and SGO support plan ☐

|  |
| --- |
| *To be completed by social worker* |
| **Date of referral** |  |
| **Name of Social Worker,** **Tel no, District,**  |  |
| **Name of Team Manager,** **Tel no** |  |
| **Name of IRO, Tel No** |  |
| **Family Placement worker, Tel no, Team Manager** |  |
| **Type of Application requested** | DCO/ DCO TO SGO/CAO OR RPO (*please delete as appropriate)* |
| **Name of Child of each child, DOB, ID no** |  |
| **Mother – DOB, Address, telephone number** |  |
| **Father - DOB, Address, telephone number** |  |
| **Does the father have PR? Has this been checked, please state how, if so has he been contacted about application (please include any attempts in statement)** |  |
| **If parent’s whereabouts are unknown what steps have been taken to contact them is a DWP search required?** |  |
| **If one of the parents have been absent have they been given any updates about the child, please confirm.** |  |
| **In the case of SGO have the carers been offered legal advice paid for by the authority?** |  |
| **Has support plan been signed off by senior management, please provide the date?** |  |
| **Was this discussed at CLA review – if so when?** |  |
| **Is the IRO in agreement with this plan/what are their views?** |  |
| **Is this application contested/agreed?** |  |
| **Has there been a previous legal planning meeting or legal advice given, if so when and with whom?** |  |
| **Has there been any delay with making this application (applies more to revocation cases) – is there a clear reason for this, has this been addressed in the statement?** |  |
| **Is any of the information provided in the statement or are the parents addresses confidential – if so please provide redacted copies** |  |
| **Has lifestory work been completed?** |  |
| **What’s working well** |  |
| *To be completed by team manager* |
| **Team Managers Risk Assessment & Analysis:**  |  |
| **Legal planning meeting** | *To be completed by minute taker*  |
| **Date:** |  |
| **Attendees:** |  |
| **Summary of social worker Assessment/Special Guardianship Assessment undertaken, including parent, carer, young person, partner and agencies views:** |  |
| **Chairs Decision/Action Plan:** |  |
| **Date paperwork to be prepared:** |  |
| **Date paperwork will be received by legal:** |  |
| **Legal Advice** |
| **This is confidential and must not be disclosed without discussion with Senior Solicitor** |
| **Legal advice to Chair:** |  |