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| Ann JamesExecutive Director of Children’s Services Gloucestershire County Council Shire Hall Westgate Street Gloucester GL1 2TR |

Date: Click here to enter a date.

Dear Sir/Madam,

**Looked After Child(ren) - Placement Notification Letter**

Please find attached a notification of placement start, change or end.

The placing social worker will provide the statutory information, but this letter provides initial basic information and the placing social worker’s contact details.

If you have any queries, contact the placing social worker directly.

Yours faithfully

Social Work Team Manager

(On behalf of)

Ann James

Executive Director of Children’s Services

**NOTIFICATION OF PLACEMENT OF LOOKED AFTER CHILD**

Arrangements for Placement of Children (General) Regulations 1991, Care Planning, Placement and Case Review (England) Regulations 2010 & 2013 amendments *(Regulation 13(2) (a)(b)(e) to (i))*

***All fields are mandatory and must be filled out completely***

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| New to care | Change / transfer of Placement | Discharge from care |
|[ ] [ ] [ ]

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| Is this and Out of County Placement? |
| Yes | **No** |
|[ ] [ ]
| Has approval been sought from the Director of Children’s Services (DCS) for ‘Distant’ placement |
| Date approval granted by DCS | Click here to enter a date. |

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| LOOKED AFTER CHILD / YOUNG PERSON’S DETAILS |
| Name of Child/Young Person:(also known as) | Click here to enter text. |
| Date of Birth: | Click here to enter text. |
| Gender (please tick): | Male [ ]  | Female [ ]  |
| Ethnicity:  | Click here to enter text. |
| NHS Number: | Click here to enter text. |
| Liquid Logic (ICS) Number:  | Click here to enter text. |

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| CHILD / YOUNG PERSON’S CURRENT LEGAL STATUS (please tick) |
| Accommodated(Section 20) | **Interim Care Order** | **Care Order** | **Placement Order** | **Remanded** | **Emergency Protection Order** | **Police Protection Order** |
|[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Is the Child/Young Person a subject of a Child Protection Plan? | Yes [ ]  | No [ ]  |
| Is the Child/Young Person subject to MAPPA | Yes [ ]  | No [ ]  |

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| CURRENT PLACEMENT DETAILS |
| Carer’s Name: | Click here to enter text. |
| Placement Address: | Click here to enter text. |
| Post Code: | Click here to enter text. |
| Telephone Number: | Click here to enter text. |
| Placement end date: | Click here to enter a date. |

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| NEW PLACEMENT DETAILS / PLACEMENT CHANGES |
| Carer’s Name: | Click here to enter text. |
| Placement Address: | Click here to enter text. |
| Post Code: | Click here to enter text. |
| Telephone Number: | Click here to enter text. |
| Placement change details (for transfer and changes)  | Foster Care |[ ]  Parent & Baby Placement (Residential) |[ ]
|  | Fostering Respite |[ ]  Parent & Baby Placement (Fostering) |[ ]
|  | Supported Accommodation |[ ]  Residential  |[ ]
|  | Secure Residential |[ ]  Special Education Needs (Residential and School) |[ ]
|  | Unregulated placement / other provision |[ ]  Series of planned short breaks |[ ]
|  | Family & Friends Foster Care |[ ]  Placed for Adoption |[ ]
|  | Other (please specify) |[ ]  Click here to enter text. |
| Reason for discharge from care | Special Guardianship Order (SGO) |[ ]  Child Arrangement Order (CAO) |[ ]
|  | Return home to parents |[ ]  Care Leaver |[ ]
|  | Adoption Order granted |[ ]   |
|  | Other (please specify) |[ ]  Click here to enter text. |
| Date of commencement of placement: Click here to enter a date. |
| Estimated/actual placement end date: Click here to enter a date. |
| Was this an Emergency Placement? (please tick) | Yes [ ]  | No [ ]   |
| Is the placement address to be withheld/made confidential? | Yes [ ]  | No [ ]  | Not known [ ]  |

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| **Health and Education** |
| **Current GP Name & Address:** | Click here to enter text. |
| **Proposed GP Name & Address if a new GP is being sought:** | Click here to enter text. |
| **Current Dentist Name & Address:** | Click here to enter text. |
| **Current School / College:** | Click here to enter text. |
| **Proposed School / College if not in education or if a new school is being sought:***Please ensure you liaise with the Virtual School, especially for students in Key Stage 4)* | Click here to enter text. |
| **Is the Child/Young Person subject to an EHCP***If you answer yes then this PNL should also be shared with our EHCP Team* | Yes [ ]  | No [ ]   |

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| **Social Worker Name** | **Email Address** | **Contact Number** | **Address** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Team Manager Name** | **Email Address** | **Contact Number** | **Address** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |