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| The purpose of this form is to provide senior managers with key information and oversight of children or young people about whom there are serious concerns. More detailed guidance on when it should be used is attached. This form needs to be completed and sent to;* All Heads of Service and cc Service Manager
* Deputy Director Rasheed Pendry
* Louise Jones, Head of Practice
* Child’s IRO or CPC
* Assistant Director Education
* Assistant Director Business & Resources

It needs to be completed and emailed within 2 hours of the concern being known.

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| --- | --- |
| **Child / Young person’s name /Mosaic number** **Team****DOB/ Age****Ethnicity****Allocated SW/PA** **Child’s or YP legal status/ Plan (s20/ICO/ CO, SO/ CPP,CIN, Care Experienced)**  |  |
| **School setting** |  |
| **Completed by;****Date;** |  |
| **Summary of concerns /reason for need to know** |   |

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| Actions taken or planned? |  |

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| **Key Contacts (those involved with child including key relationships)**  |  |

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| **Action/Decisions by HoS** **(For OOH - OOH Senior Manager)** |
| **Actions/Directions by Deputy Director** **Date;** **Signed:**  |