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| **DATE OF PLACEMENT PANEL**  |  |  |

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| **REFERRER DETAILS** |
| **NAME** | **MANAGER** | **TEAM** |
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| **CHILD/YOUNG PERSON’S DETAILS** |
| **LIQUIDLOGIC ID NUMBER**  | **NAME** | **GENDER** | **DATE OF BIRTH**  | **AGE** | **DISABILITY** |
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| **CURRENT PLACEMENT DETAILS AND TYPE** | **LEGAL OR CP STATUS**  |
| **Type of placement (please tick):**In house fostering [ ]  Agency fostering [ ] Residential [ ] Residential school [ ] Crisis Intervention [ ] Mother & baby unit [ ] Semi-independence [ ] Secure Welfare [ ] Secure Remand [ ]  |  |
| **PLEASE STATE FULL NAME AND ADDRESS OF CARER** |

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| **PREVIOUS PANEL DATE** | **PREVIOUS PANEL DECISION** |
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| **REASON FOR PRESENTING TO PANEL**  |
| *Such as Request to issue proceedings, approve viability, request for child to be accommodated, review of the current placement.* *This request must include how this intervention will benefit the child? Are there alternative options that can meet their needs?* |
| **WHAT WORK HAS ALREADY TAKEN PLACE?** |
| *Social work Intervention, analysis and impact. Other service interventions (FGC, short breaks, CAMHS, Substance misuse etc.)* |
| **WHAT’S WORKING WELL?** |
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| **WHAT ARE WE WORRIED ABOUT?** |
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| **WHAT NEEDS TO HAPPEN NEXT?** |
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| Author | **Karen Alderton** | Classification  | RESTRICT | Date of First Issue |  |
| Owner | **Anne Stoker** | Issue Status |  | Date of Latest Re-Issue | **November 2017** |
| Version | **2** | Page |  | Date approved by IGB |  |
|  |  |  |  | Date of next review | **November 2018** |