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

|  |  |  |
| --- | --- | --- |
| **REFERRER DETAILS** | | |
| **NAME** | **MANAGER** | **TEAM** |
|  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CHILD/YOUNG PERSON’S DETAILS** | | | | | |
| **LIQUIDLOGIC ID NUMBER** | **NAME** | **GENDER** | **DATE OF BIRTH** | **AGE** | **DISABILITY** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **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** |

|  |  |
| --- | --- |
| **PREVIOUS PANEL DATE** | **PREVIOUS PANEL DECISION** |
|  |  |

|  |
| --- |
| **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?** |
|  |
| **WHAT ARE WE WORRIED ABOUT?** |
|  |
| **WHAT NEEDS TO HAPPEN NEXT?** |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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** |