

# **RISK MANAGEMENT PANEL Referral Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Liquid Logic Number |  | | Date of Panel |  | | |
| Child / Young Person’s Name |  | | Date of Birth |  | Age |  |
| Gender |  | | Ethnicity |  | | |
| Brief reason(s) for presenting the case to Risk Management Panel | | | | | | |
|  | | | | | | |
| What are we worried about? What is it about the incident(s) that is concerning? | | | | | | |
|  | | | | | | |
| What’s working well? Are there any strengths or protective factors? | | | | | | |
|  | | | | | | |
| What needs to happen? What actions do you think are required? What actions have you taken? | | | | | | |
|  | | | | | | |
| How worried are you about this on a scale of 0 – 10 where 0 means you are extremely worried and 10 means you have minimal worry? | | | | | | |
| **0 1 2 3 4 5 6 7 8 9 10** | | | | | | |
| Education Details | |  | | | | |
| Current Placement (if applicable) | |  | | | | |
| Key Agencies Involved | |  | | | | |
| Chronology of Key Events | | | | | | |
|  | | | | | | |
| Outcome Sought (if applicable) | | | | | | |
|  | | | | | | |
| List of Supporting Papers (if applicable) | | | | | | |
|  | | | | | | |
| Social Worker Name | |  | | | | |
| Telephone Number | |  | | | | |
| Signature | |  | | | | |
| Manager Name | |  | | | | |
| Telephone Number | |  | | | | |
| Signature | |  | | | | |
|  | | | | | | |
| Action(s) taken / directed by High Risk Panel | | | | | | |
|  | | | | | | |