

# **RISK MANAGEMENT PANEL Referral Form**

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| --- | --- | --- | --- |
| 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  |
|  |