**Placement with Parent**

This form should be completed when seeking permission from the Executive Director of Childrens Services who is the Nominated Officer, to place a child at home who is subject to an interim Care Order or Care Order with parents.

Where the plans to place with parents is for a number of short periods as part of contact or a plan for reunification then the form does not need to be completed more than once. If the decision is made to progress to full reunification, then further information will need to be provided to the Nominated Officer.

Please read the practice guidance before completing the form.

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| **Child/rens details** | | | | |
| **ID Number** | **Name** | **DOB** | **Age** | |
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| --- | --- |
| **Name of Social worker** | **Team** |
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| --- | --- |
| **Date of Request** |  |

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| --- | --- |
| **Date of proposed start of the placement** |  |

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| **Reason for placement at home** |
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| **Child/rens wishes and feelings.** |
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| --- | --- |
| **Views of the IRO** | |
| **Name of the IRO** | **Date the views were sought** |
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| **Summary of the Assessment** |
| ***This should be an analysis of the information gathered in the assessment and the recommendation of the social worker. Please refer to Practice Guidance*** |
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| **Recommendations** |
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**Managers Signature ………………………………………….. Date …………………..**

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| **Nominated Officer Comments** |
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**Signature……………………………………………. Date ………………………………..**