**PLEASE NOTE**

* No invitations can be sent by business support without a completed booking form.
* It is the responsibility of the Social Worker to ensure forms are completed within statutory timescale.

**TIMEFRAMES:**

**INITIAL CLA REVIEWS**

* **Initial Review must be held within 20 days** of a child becoming looked after.
* **Booking form to be received no later than 5 working days prior to meeting.**

**FURTHER CLA REVIEWS**

* First CLA review held within **3 months from initial** and thereafter **6 months.**
* **5 weeks prior to review (25 Working Days)**– Area Business Support to send booking form to Social Worker.
* Within **5 working days** - Social worker to update the information and return to Area Business Support.
* **No later than 4 weeks prior** to review (20 working days)Area Business Support to upload booking form to child Wisdom file.

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| **YOUNG PERSON** |
| **Name** | **DOB** | **LCS number** | **Placement address** | **Has the child been referred for advocacy services?** |
|  |  |  |  |  |
| **To be invited** **(Please delete as appropriate)**Yes / No | **Child’s views (Please delete as appropriate)**Paper document / SW will arrange other method |
| **Any issues of confidentiality, any special needs, any health & safety issues for YP, carers or staff?****Please note if an interpreter is required to attend- social worker is required to book this.** |
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| **Safety Issues & Split Times required.****Are any special arrangements are needed make risks manageable; Should parents be excluded; Should the parents be invited to attend at different times? (Please state reasons):** |
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| **INITIAL CASES ONLY - LOOKED AFTER DETAILS** |
| **Date of placement** | **Legal status** | **Agreed by AD:****(Please delete as appropriate)** | **CP Plan Status** |
|  |  | Yes / No |  |
| **Names of looked after siblings (Please ensure you include or mark N/A):** |  |

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| **REVIEW DETAILS****Must be agreed with IRO and all invitees before submitting this form** |
| **Date** | **Time** | **Venue****Full postal address required & be must be agreed/booked in advance.** |
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| **SOCIAL WORKER** |
| **Name** | **Team** | **Mobile** | **Email Address** |
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| **INDEPENDENT REVIEWING OFFICER (IRO)** |
| **Name** | **Email** |
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| **TO BE INVITED AND PROVIDE A REPORT/COMPLETE CONSULTATION FORM** Please check **BEFORE** inviting individuals to meeting:* Please add parents to the list below if they are to be invited.
* If venue is a placement address- social worker to ensure this is appropriate for all attendees.
* No business/generic email addresses to be invited to avoid data breaches & uphold confidentiality.
* Please clearly state how each individual is to be invited.
 |
| **Name** | **Job Title/Agency/Parent?** | **Full Postal Address** | **Email Address****(Personal only- not business)** | **Attendance in Person or via MS Teams****(Please select)** | **Address to be kept confidential.****(Please indicate)** |
|  |  |  |  | Choose an item. |  |
|  |  |  |  | Choose an item. |  |
|  |  |  |  | Choose an item. |  |
|  |  |  |  | Choose an item. |  |
|  |  |  |  | Choose an item. |  |
|  |  |  |  | Choose an item. |  |
|  |  |  |  | Choose an item. |  |

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| **REPORTS ONLY** **(THOSE WITHIN THE CHILD’S NETWORK WHO NEED TO BE CONSULTED AND ARE REQUIRED TO PROVIDE A REPORT, BUT ARE NOT BEING INVITED TO ATTEND THE REVIEW)** |
| **Name** | **Job Title/Agency** | **Full Postal Address** | **Email Address** | **To Be Kept Confidential?****(Please indicate)** |
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| **Please detail any special requirements for the meeting being booked. For example, access requirements.** |
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|  | **Please Check you have completed the following before submitting the form:** | **Tick to confirm** |
| 1 | I have checked all information held on this form and confirm it is correct & complete. |[ ]
| 2 | All sections of the form have been completed |[ ]
| 3 | Young person’s name, DOB, LCS number and address are accurate |[ ]
| 4 | Venue, date & time of meeting included |[ ]
| 5 | Clear whether invitees are attending in person or via MS Teams (hybrid review) |[ ]
| 6 | Invitee list is up to date and accurate and includes full postal and email addresses  |[ ]
| 7 | Any special requirements have been added to the booking form |[ ]
| 8 | I confirm the venue has been booked. |[ ]

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|  | **I confirm that I understand the following:**  | **Tick to confirm** |
| 9 | Incomplete forms will be sent back to me for completion |[ ]
| 10 | No invitations can be sent without a completed booking form |[ ]
| 11 | I will inform the new social worker of the date, time, and venue (and whether they need to book that venue) of the review should the case be transferred |[ ]
| 12 | I confirm the information on this form is correct and up to date |[ ]
| 13 | Should any incorrect information be submitted on the booking form (such as incorrect email addresses) that results in a data breach, it is my responsibility to report this to Information Governance |[ ]
| 14 | I confirm that LCS is accurate and up to date |[ ]

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| **Please send completed Review Booking Forms to the following email addresses:** |
| **Initial CLA review bookings forms** | irunit.duty@surreycc.gov.uk |
|  |  |
| **Further Review Booking Forms send by Area:** |  |
| North East Area | neadminsocialcare@surreycc.gov.uk |
| South East Area | se.bookingforms@surreycc.gov.uk |
| North West Area | nw.bookingforms@surreycc.gov.uk |
| South West Area | swadminsocialcare@surreycc.gov.uk |
| Children With Disabilities (CWD) | cwd.businesssupport@surreycc.gov.uk |

**Area Business Support Only:**

**Administration completed by:**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Area Business Support**

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| **Area Business Support Team Use Only- Confirmed invitees.** |
| **For Example:** ***Name, Job Title, Relationship*****Joe Bloggs- Social Worker**  |