**SHOBPA Booking Request Form**

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| **SHOBPA date required:** | Click here to enter a date. |
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| **Child/ren’s name(s):** | Click here to enter text. |
| **Child/ren’s date(s) of birth and age:** | Click here to enter text. |
| **Local Authority ID number:** | Click here to enter text. |
| **Gender:** | Click here to enter text. |
| **Ethnicity:** | Click here to enter text. |
| **Date child became Looked After:** | Click here to enter a date. |
| **Date plan of adoption made:** | Click here to enter a date. |
| *This is the date you decided adoption was the plan you were pursuing for the child. Probably the date you concluded assessments or at a CLA review* | |
| **Date Medical Requested:** | Click here to enter a date. |
| **Date of Medical (if known):** | Click here to enter a date. |
| **IRH Date (if known):** | Click here to enter a date. |
| **Name and status (e.g. adopted, Looked After) of any older siblings:** | Click here to enter text. |
|  |  |
| **Social Worker’s name:** | Click here to enter text. |
| **Social Worker’s contact details:** | Click here to enter text. |
| *Please include email address, telephone number and office address* | |
| **Team/Practice Manager name:** | Click here to enter text. |
| **Team/Practice Manager contact details:** | Click here to enter text. |
| **IRO contact details** |  |
|  |  |
| *Please include email address, telephone number and office address* | |

Please note that the cut-off date for the SHOBPA paperwork is two weeks before the SHOBPA date.

Please send this booking form to shobpa@oneadoptionwy.leeds.gov.uk and we will send back confirmation of your booking.

If you have questions regarding the SHOBPA paperwork please contact Carol Ledgard [carol.ledgard @oneadoptionwy.leeds.gov.uk](mailto:Katherine.adams@oneadoptionwy.leeds.gov.uk)