**Placement Request Form (1) Child MATCH**

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| **Date Referral Completed:** |  |
| **Referring Local Authority** |  |
| **Placement Ref Num:** |  |

1. **About the child, young person or sibling group needing a placement**

(Please add more lines for larger sibling groups)

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| **Child’s Initials** | **Unique Ref No**  | **D.O.B & EDD** | **Age**  | **Gender** | **Legal Status** | **Ethnicity** | **Religion** |
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1. **Initial details about the placement being requested**

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| **Date placement is needed from:****If respite give more detail:** (e.g. dates needed / frequency / nights per year / shared care / emergency) |
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| **Why is a placement requested:** (include if this is a planned placement or an emergency) |
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| **What type of placement is required?:** Please give as much detail as possible but identify which options are a priority e.g. Standard, Parent / Child or Solo / Residential / Specialist)  |
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| **Any other matching considerations and why the requested placement is best to meet the child’s needs?** E.g. two parent family, youngest child in placement, ground floor accommodation.  |
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| **What are the five priority outcomes for the child/young person which the provider will work to? Please give a timescale in which these outcomes are to be achieved (NB: these must be reviewed at the child** |
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| **Summary of current care plan for the child and timescales:** (including any plans and timescales for rehabilitation home or permanency?  |
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| **Locality Issues** e.g. geographical areas that the child cannot be placed in and why / preferred location etc |
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| **Cultural considerations:** Religion, ethnicity, language spoken, diet |
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| **If currently looked after, what is the current status of the placement?** e.g. Home, Kinship, fostering, residential, adoption breakdown |
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**Sibling group**

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| **Explain why it is in best interest of the children that they are placed together** |
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| **If the children need to be separated, who should be placed with whom?** |
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| **Which of the siblings can share a room?** |
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1. **Pen Picture to be completed for each child or young person:**

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| **Please include likes, dislikes, hobbies and activities, convey a sense of who the child is and include positive attributes, personality, self-identity, self-confidence, self-care skills** |
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| **The Child or Young Person’s contribution ‘This is Me’ or ‘I am (name of child)’** |
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1. **Education:**

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| **Name & Address of Children’s Centre / School / College / if NEET, previous school attended**  |
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| **Details of school attendance including Non-attendance at school** state if the timetable is full time / part time**.** If non school attendanceplease include Frequency and triggers as well as what attempts are being made to support them back into education. Please detail exclusions.  |
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| **Details of the any SEN or a PEP**: please include support, EDB etc  |
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1. **Health:**

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| **Details of the Health Needs and / or Disability of the children or young people** (Physical, Learning Disability, Personal Care e.g. bed wetting, Allergies, phobias, Mobility, Medication or treatment prescribed) |
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| **Details of any CAMH’s / other agency involvement** e.g. child’s emotional health; parents / family mental health issues |
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**Are any Health Needs Assessments available? yes / no: If yes, please give the date of the most recent:**

1. **Placement History and Background information**

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| **Current address: (First Half of Post Code only)** |  |
| **Home address: (First Half of Post Code only)** |  |

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| **Previous placement summary details for each child / young person being referred.** Include outcome of placement including reason for placement move  |
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| **Summary of family circumstances** including reasons for reception into care |
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| **Please give details of any suspected or actual abuse** Physical / Emotional / Sexual / Neglect / Domestic Violence  |
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1. **Behaviour and Risks:**

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| **Absconding** Where from e.g. school, home, placement, where to, frequency, triggers. Please identify how any risks need to be managed. |
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| **Vulnerable to abuse from others** (includes other young people who may be in placement) Please include any risks of Child Sexual Exploitation.  |
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| **Risks posed to Self and / or others** e.g. physical, emotional, sexual and verbal abuse. Also include risks to animals / pets. Please also include if parents pose a risk. |
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| **Behaviours** Give details of any problematic behaviour which may present difficulties, including risks to themselves or others in placement e.g. self-harm, any challenging behaviours, fire setting etc. Please identify how any risks need to be managed and what does and doesn’t work.  |
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| **History of Allegations** please identify if there is a history of allegations including those from parents. Please detail nature of allegations and who they were against.  |
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| **Criminal Record / ongoing court matters / court orders Include** dates and outcomes of any previous convictions and details of Bail / Remand conditions / Curfew / Electronic Tagging etc |
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1. **Minimum Practice Requirements:**

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| **Specific tasks required from the placement including timescales** e.g. Assessments required; support with contact; preparation for adoption; reports required; frequency of reports; frequency of reviews and any additional requests |
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| **Details of the outcomes to be met by the provision of a placement:** e.g. improved school attendance;preparation for independent living;reduction in criminal activity; safety from CSE etc |
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1. **Contact arrangements**

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| **Contact arrangements:** e.g. times; dates; venues; supervised by, responsibilities; transport arrangements etc |
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 **10. Other**

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| **Any other key information regarding this referral please add here:** |
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**11 Other agencies / professionals currently involved:**

 E.g. GP / Health Visitor / CAMHS / YOT / LAC Nurse / Individual Support Worker/ Advocates/ Solicitor

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| **Agency / professionals** | **Details of involvement** |
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