**AUTHORISATION FOR A CUMBRIAN CHILD TO BE PLACED OUT OF AREA**

**CHILD**

**Name**

**ICS number**

**Dob**

**Legal status**

**REASON FOR PLACEMENT**

**OUTCOMES TO BE ACHIEVED**

**CARE PLAN SEEN** *(INSERT BOX)*

(How education, health and contact needs will be met.

Views of child, parent/carer and IRO)

**PROVIDER**

**Last OFSTED report- date and outcome**

**Attached** *(insert box)*

**Statement of purpose and function**

**Attached** *(insert box)*

**Residential children’s home location risk assessment**

**Attached** *(insert box)*

**View of provider by host local authority**

**Safeguarding**

**Commissioning**

**Form Completed by**

**Decision of Senior Manager (nominated officer for the Director of Children’s Services )**

**Signature**

**Date**