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| --- | --- |
| **NEED TO KNOW FORM** | **CONFIDENTIAL AND HIGH PRIORITY** |
| Information only ⬜Urgent response needed ⬜Update to previous need to know ⬜ |
| Child/young person’s name | Date of birth and age | ID number | Address | Case status | Legal status |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Allocated Team, Manager and Practitioner |  |
| Date of incident |  |
| Time of incident |  |
| Summary of incident |  |
| Related key events |  |
| Actions already taken |  |
| Action due to be taken |  |
| Any workforce needs |  |
| Any specific requests from Service Director/DCS/DHOS/HOS |  |
| Are there any media issues and have comms been made aware |  |
| Updates |  |