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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 | |  | | | | |