**Appendix A:**

**File Transfer Checklist**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Document** | **Yes** | **No** | **N/A** | **Actions** |
| All Basic Details  Dob, Gender identity, Ethnicity, Language, Nationality & Religion |  |  |  |  |
| Parties involved |  |  |  |  |
| LSCB Chronology |  |  |  |  |
| Genogram |  |  |  |  |
| Consent Forms |  |  |  |  |
| Referral Forms |  |  |  |  |
| Recording up to date |  |  |  |  |
| Single assessment |  |  |  | Date opened  Date closed |
| Statutory Visits and family Visits up to date |  |  |  | Date of last stat/visit |
| CP reports (other agencies) |  |  |  |  |
| LAC/CP/Family Outcome Plan |  |  |  |  |
| TAF Mins |  |  |  |  |
| LAR Mins |  |  |  |  |
| Transfer Summary |  |  |  |  |
| Any Audit Tool |  |  |  |  |