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| **The Care Planning, Placement and Case Review (England) Regulations 2010**  **Notification of New/Change/End of Placement of a Looked After Child** |

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| **NOTIFICATION OF:** | |
| New placement: |  |
| End of placement: |  |
| Change of placement: |  |
| Is this a series of planned short breaks? |  |
| Person providing the information: |  |
| Designation: |  |
| Email Address: |  |
| Telephone Number: |  |

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| **CHILD/YOUNG PERSON'S DETAILS:** | |
| Name: |  |
| Date of Birth: |  |
| Gender: |  |
| Ethnic Origin: |  |
| First Language (if not English): |  |
| Legal Status: |  |

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| **RESPONSIBLE AUTHORITY DETAILS:** | |
| Name of Local Authority: |  |
| Social Worker/Manager: |  |
| Email Address: |  |
| Telephone Number: |  |
| Out of hours Service/EDT Contact No. |  |

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| **PLACING AUTHORITY DETAILS *(if different from responsible authority)*:** | |
| Name of Organisation: |  |
| Address: |  |
| Social Worker/Manager: |  |
| Email Address: |  |
| Telephone Number: |  |
| Out of Hours/EDT Contact No. |  |

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| **PLACEMENT DETAILS** | | |
| Placement/Carers' Name/Establishment Name: |  | |
| Placement Address: |  | |
| Placement Telephone Number: |  | |
| Provider Organisation: |  | |
| Placement Type: | Foster Home |  |
| Registered Children's Home |  |
| Registered Boarding School |  |
| Other - please give details: | |
| Expected Length of Placement (Dates): |  | |

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| **SAFEGUARDING & SOCIAL CARE INFORMATION** | | | | |
| Is the child/young person subject to a child protection plan? | Yes |  | No |  |
| If yes, has Local Safeguarding Children Board been notified? | Yes |  | No |  |
| Does the child/young person have a history of running away from home or care? | Yes |  | No |  |
| Is the child/young person disabled? | Yes |  | No |  |

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| **EDUCATION INFORMATION** | | | | | |
| Last known school attended: |  | | | | |
| New School (name, address and telephone number): |  | | | | |
| Does the child/young person have a statement of Special Educational Needs? | | Yes |  | No |  |

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| **HEALTH INFORMATION** | | | | | |
| Does the child/young person have additional specialist health needs? | | Yes |  | No |  |
| If yes, please give details: |  | | | | |
| Name and address of previous GP: |  | | | | |
| Name and address of new GP: |  | | | | |

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| **YOUNG OFFENDER INFORMATION** | | | | | |
| Is the young person subject to any order as a young offender? | | Yes |  | No |  |
| If yes, which is the supervising Youth Offending Service? |  | | | | |