**APPENDIX 1**

**Legal Planning Panel Information Form**

*Please ensure this form is completed for each case prior to attendance at the Legal Planning Panel and submit by email at least 10 days prior to panel to: Panel Coordinator Vanessa Newman:* *NewmanV@ealing.gov.uk*

**Date of Legal Planning Panel:**

|  |  |
| --- | --- |
| **Case Category (*cross 1 of following)*:** | **FIRST PRESENTATION AT PANEL ☐** **FOLLOWING LPM****SECTION 20 (ONLY IF NO LPM)****FIRST PRESENTATION AT PANEL ☐** **REVIEW CASE (2nd/ SUBSEQUENT** **PRESENTATION AT THIS PANEL) ☐**  |
| **Name of Lead Child** |  |
| **FWi Number of lead child** |  |
| **Attending:** **Social Worker: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Manager/ Deputy Manager *(circle):* Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Social Worker/ Manager Mobile No. *(circle*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**ONLY complete if first presentation at panel:**

|  |  |
| --- | --- |
| **Date of birth of lead child** |   |
| **Ethnicity of lead child** |  |
| **Number of children/young people in family in these proceedings** |  |
| **Date of decision to convene Legal Planning Meeting** |  |
| **Date of Legal Planning Meeting** |  |
| **Date Child and Family Assessment completed** |  |
| **Date of ICPC (initial Child protection Conference)** |  |
| **Date Pre-proceedings letter issued** |  |