**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*](mailto: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** |  |