

**Appendix 2**

**EXTERNAL PLACEMENTS – NOTIFICATION LETTER**



My Ref:  
Your Ref:

Date:

Dear Director

**Notification under Arrangements for Placement of Children  
(General) Regulation 1991**

As required by the above Regulations, I am sending you details of a child whose circumstances have changed. Please note completed relevant sections of form attached and amend your records accordingly.

If you have a query, please do not hesitate to contact this office.

Yours faithfully,

Elaine Devaney  
Service Manager  
Social Work – Children and Families

## Appendix 2 cont

### GATESHEAD COUNCIL EXTERNAL PLACEMENT NOTIFICATION (IN LINE WITH STATUTORY REQUIREMENTS)

#### GUIDANCE FOR STAFF IN COMPLETION

- Section A – Child’s information-To be completed in ALL circumstances
- Section B - New Placement- To be completed whenever a new placement is being made, along with Section A
- Section C - To be completed whenever a placement has been terminated, along with Section A
- Section D - To be completed in the event of a discharge from Local Authority care along with Section A and Section C.

#### SECTION A

<b>CHILD’S KEY INFORMATION INCLUDING RELEVANT CONTACT DETAILS (NOTE; to be completed in ALL circumstances)</b>
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<b>Name of Child;</b>		<b>Gender;</b>		<b>Date of birth;</b>	
<b>ID Number;</b>		<b>Unique Pupil Number;</b>		<b>Legal Status;</b>	

<b>Child Protection Plan;</b>	<b>Yes/No</b>	<b>Protected placement;</b>	<b>Yes/No</b>	<b>Disability Register;</b>	<b>Yes/No</b>
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<b>Name of parents or Person with Responsibility;</b>		<b>Address and telephone number;</b>	
<b>Name of Child’s Social Worker;</b>		<b>Address and telephone number;</b> <b>Emergency out of hours contact number;</b>	
<b>Name of Team Manager;</b>		<b>Address and telephone number;</b>	

## SECTION B

### NEW PLACEMENT DETAILS

(NOTE; In line with statutory guidance & regulation, to be completed when a NEW placement is made, also Section A)

<b>Placing/Responsible Authority;</b>	<b>Gateshead Council</b>
<b>Name of Authority where Child is to be placed;</b>	
<b>Type of Placement</b> i.e. Foster carer or Residential <b>N.B. State whether this is an independent, voluntary or Local Authority placement</b>	
<b>Placed with;</b> (name of Carer to be inserted/in the event of a Children's home the name of the Registered Manager) If a Connected Person please state this.	
<b>Expected Length of Placement;</b> <ul style="list-style-type: none"><li>• Emergency</li><li>• Time limited</li><li>• Respite</li><li>• Permanent</li><li>• Long term</li></ul>	
<b>DATE CHILD IS TO BE PLACED;</b>	

### CHILD'S PLACEMENT NEEDS ARRANGEMENTS

(NOTE; In line with statutory guidance & regulation, to be completed when a NEW placement is made, also Section A)

#### HEALTH

<b>G. P. details including Name, Address, Postcode and Tel Number;</b>	
<b>Are current G.P. and health arrangements to continue?</b>	<b>YES/NO</b>
<b>If not detail new health arrangements;</b>	
<b>Detail any specialist health care needs including any therapeutic needs and how these will be facilitated;</b>	

**EDUCATION**

<b>Current School address, Tel No: &amp; Designated Teacher:</b>	
<b>Are current education arrangements to continue?;</b>	
<b>If not detail new education arrangements;</b>	
<b>Does the child have a PEP or arrangements to undertake this?;</b>	<b>YES/NO</b>
<b>Detail any special educational needs and if so how will these be met;</b>	

**CONTACT**

<b>Specify the contact arrangements including who contact will be with and the transport and supervision arrangements;</b>	
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**YOUTH OFFENDING NEEDS (to be completed as appropriate)**

<b>Details of any Youth Offending orders to be overseen and the arrangements in place;</b>	
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**CONTINGENCY PLANNING**

<b>Details of contingency plan ;</b>	
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<b>Additional Contacts</b>	<b>Name</b>	<b>Telephone Number</b>
<b>Senior Manager (LAC) / or equivalent</b>		
<b>LAC Nurse or equivalent</b>		
<b>Virtual School Head / or equivalent</b>		
<b>Safeguarding Manager</b>		
<b>YOS Contact</b>		

## SECTION C

### TERMINATION OF PLACEMENT

(NOTE; In line with statutory guidance & regulation, to be completed when a placement has ended. In the event that a new out of authority has commenced both Sections B & C will require completion.

Date of termination of the placement;	
Reason for termination;	
Type of placement which has ended; Connected Person / Foster Carer LA / Foster Carer IFA /Residential / Placement with Parent etc	
Protected placement;	YES/NO
Legal status including any changes;	
Name and address of Carer/establishment previously caring for child before placement was terminated;	
New address including postcode;	
Telephone contact details of new placement;	
Explain whether new address is another placement, return home, foster carer, residential, etc;	

## SECTION D

### DISCHARGE FROM LOCAL AUTHORITY CARE

(note; In line with statutory guidance & regulation to be completed when a child placed Out of Authority has been discharged from Care. In such circumstances Sections A and C would also be completed.

Date child moved;	
Reason child discharged;	
Name and address of Carer/establishment previously caring for child before placement was terminated;	
Type of placement which has ended; Connected Person / Foster Carer LA / Foster Carer IFA /Residential / Placement with Parent etc;	
New address including postcode;	
Name of person responsible at new address, where applicable;	
Relevant telephone contact details where child/young person now living;	
Legal status including any changes; e.g. Placement Arrangement Order, Special Guardianship Order, move home, independent living	

<b>Type of living arrangement, such as whether this is return home, independent living etc;</b>	
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