**Out of Area Notification Protocol Form for use by children’s homes in Wales**

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| --- | --- |
| Name of child |  |
| Date of Birth |  |
| Legal Status |  |
| Previous address (family address) |  |
| Current address (name and address of children’s home) |  |
| Type of placement |  |
| Date placed |  |
| Placing authority (local authority/health) |  |
| Contact details (eg looked-after child social worker/lead professional) |  |
| Name and address of child’s GP |  |
| Date placement ended |  |

**Signed: Name: Position: Date:**