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| Notifiable incident submission |

**To: Assistant Executive Director Children’s Social Care**

**Assistant Executive Director Safeguarding and Quality Assurance**

**Head of Service, Child Protection and Children in Need**

**Head of Service, Permanence and Provision**

**QAU Manager**

**KSCP Business Manager Date:**

|  |  |
| --- | --- |
| **Subject; names** |  |
| **Age/Dob** |  |
| **Legal status** |  |
| **Address** |  |
| **Social Worker** |  |

|  |  |
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| **Issue; reason for notification** |  |
| **Background:** |  |
| **Recommendation or next steps:** |  |

**Date:**

**Team Manager:**