WARRINGTON BOROUGH COUNCIL

**NOTIFICATION FROM OTHER LOCAL AUTHORITY OF CHILDREN IN CARE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DETAILS OF CHILD:** | | |  | |
| **Surname:** | | |  | |
| **Forename(s):** | | |  | |
| **Date of Birth:** |  | | **Gender:** |  |
| **Ethnicity:** |  | | **Legal Status:** |  |
| **NHS Number:** | | |  | |
| **Placing authority:** | | |  | |
| **Social Worker's Name & Contact Details:** Address (incl postcode), telephone number and email address | | |  | |
| **New into Care?** Yes/No | | | **Change of Placement?** Yes/No | |
| **Date of Arrival:** |  | | **Date of Departure:** |  |
| **Risk of CSE/MFH?** Yes/No | | | **Details:** | |
| **PLACEMENT DETAILS:** | | |  | |
| **Name of carer/establishment:**  (In the case of Agency, Independent or Private Providers please provide Company name and HQ address) | | |  | |
| **Telephone number:** | | |  | |
| **Placement Address:** | | |  | |
| **Status of placement:**  **(Please delete as applicable)** | | | Adopters / LA Foster Carers / Family Carer / Residential Home / Residential School / Parent / Independent/Agency Foster Carer / Independent/Private Residential Establishment | |
| **Is the care provider registered with OFSTED?** (Any no responses will be flagged to the operational director) | | | Yes/No | |
| **If no is the provider registered with another independent regulator?** | | | Yes/No | |
| **If yes please provide their details:** | | |  | |
| **GP**  **(name and address)** | | |  | |
| **HV/SHA**  **(name and address)** | | |  | |
| **School**  **(name and address)** | | |  | |
| **Completed by:** | |  |  | |
| **Date:** | | |  | |

This form is to be completed for all children placed in Warrington by another local authority and returned to the Safeguarding and Quality Assurance Service’s secure email address safeguarding&qaservice@warrington.gov.uk. Warrington are to be kept informed of any changes by the form being updated and resubmitted.