Notification of a Looked After Child moving into Dorset

Fostering Services Regulations 2011 11(1) and (2) and The Children's Act 1989 Volume 2, Care Planning Placement and Case Review 3.34(d)

1. Date form completed:	.

2. Name of Child/Young Person (including known as/alias):

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3. Date of birth:		4. Gender:	Male	☐	Female	☐

5. Ethnicity	
6. Date placement started / to start	
7. Name of provider:	
8. Placement address:	
Post code:	
Telephone No:	

9. Is the placement address to be withheld from the parent(s)? Yes ☐ No ☐

10. Is this placement a:

Residential School	☐	Registered Children's Home	☐
Care Home	☐	Foster Carer (Internal/IFA)	☐
Residential Placement	☐	Pre-adoption Placement	☐
Parent and Baby	☐	Connected Person	☐

11. Legal Status (Care Order, s.20)	

12. Is the child subject to a CP Plan?	YES	☐	NO	☐
13. Is the child disabled?	YES	☐	NO	☐
14. Is the child in contact with Youth Offending Services?	YES	☐	NO	☐
15. Was this an emergency placement?	YES	☐	NO	☐

16. Date placement expected to end?	

17. Person(s) with parental responsibility	
18. Local authority of origin:	
19. Social worker name:	
20. Social worker contact number:	
21. Social worker address:	
22. CCG of origin:	
23. LAC Nurse/Health contact name:	
24. LAC Nurse/Health contact number:	
25. LAC Nurse/Health contact address:	
26. Current GP	
27. Current GP address:	
28. Proposed GP name:	
29. Proposed GP address:	
30. Current dentist	
31. Current dentist address:	

32. Proposed dentist name:

33. Proposed dentist address:

34. Does the child have any known diagnosis? Yes ☐ No ☐

35. If yes, give details:

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36. Is the child on a waiting list for treatment/assessment? Yes ☐ No ☐

37. If yes, give details:

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38. If a transfer to a waiting list in Dorset is required, give details:

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39. What existing health care services or treatments does the child receive?

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40. When was the last assessment of health needs?

41. Has a copy of the child's Health Care Plan been attached to this form? Yes ☐ No ☐

42. If no give details and confirm the date this will be available

43. Specify any service or input required for the child, together with the duration and frequency of provision and who is expected to provide this.

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	Host area	Placement Provider	Placing area
Child Health Programme (Health Visiting, School Nursing)			
LAC Nurse (Health Assessment)			
Child protection services			
Paediatric services (please specify)			
Learning Disability Services (please specify)			
Child and Adolescent Mental Health Services (please specify)			
Community Nursing Services (please specify)			
Psychotherapy/Psychology Services (please specify)			
Tertiary Services (please specify)			
Other services not covered above (e.g. medication, sight and hearing) (please specify)			

Further information