**PLEASE REFER TO GUIDANCE AND FLOWCHARTS AND SEEK ADVICE IF UNSURE**

**Full SGO assessment request**

|  |  |
| --- | --- |
| Child Social Worker Name: |  |
| Team: |  |
| Telephone Number |  |
| Line managers Name |  |
| Telephone Number |  |

**Children in respect of whom assessment is being requested**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Date of Birth | Relationship to Applicant | ID Number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Applicants**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant 1 Name: |  | | Applicant 2 Name: |  |
| Relationship to child: |  | | Relationship to child: |  |
| Address: |  | | Address: |  |
| Post code |  | | Post Code |  |
| Date of Birth: |  | | Date of Birth: |  |
| **Phone no:** | |  | **Phone no:** |  |
| **Email Address** | |  | **Email Address** |  |
| Availability (ie working hours) |  | | Availability (ie working hours) |  |

**Viability**

|  |  |  |
| --- | --- | --- |
| Date viability was completed |  | |
| Name of Author of Viability |  | |
| Outcome of Viability | Positive | Negative |
| If negative why is the full assessment requested (ie court directed) |  | |
| Are any other full assessments being completed for the same child?  If yes: please give details of other applicants |  | |

**Timescales/deadlines (must be completed):**

|  |  |
| --- | --- |
| What is the filing date for this assessment? |  |
| Who agreed this date? |  |
| Name of Lawyer and contact number: |  |

Please confirm that the following documents are attached:

* Part 1-3 of full assessment
* Any previous viabilities (stage 1 and 2)
* Any outcomes of checks etc not included in Stage 1 report.

|  |
| --- |
| **Child Care Team Manager comments regarding approval of this potential permanency plan.** |
|  |
| **Date sent:** |