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| **Swindon Borough Council** **Care panel - legal intervention/placement request form**  ***All fields need to be completed before submitting, once completed please send this along with chronology and completed assessments to chidrenscarepanel@swindon.gov.uk no later than 5pm each Wednesday, any papers received after this time will be placed on the next available panel*.**  |
| **Name:** |  |
| **DoB - Age:**  |  |
| **ICS No.** |  |
| **Address:** |  |
| **Identity of Family and Significant persons**:Mother: Name: Address:  DOB: Father: Name: Address: DOB: Does he have PR? Siblings: Name DOB: ICS No.Names/DOB and contact details of extended family/friends involved or potentially involved as prospective carers or capable of providing assistance as to care.  |  |
| Names/DOB and contact details of extended family/friends involved or potentially involved as prospective carers or capable of providing assistance as to care. Reasons for any exclusions |  |
| **Brief pen picture of child/young person and family**Any health & special needs/mental health/psychological issues of any party/child? |  |
|  |
| **Reasons for Request***
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| * **Alternatives Pursued**
* **Outcomes Expected**
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|  |
| **Permanency Plan** |  |
|  |
| **Expectations from:*** **Legal Intervention**

**Incl any previous legal proceedings** * **Service**
* **Placement**
 |  |
| **Name of IRO and his/her views:** |  |
|  |
| **Name:*** **Social Worker**
* **Team Manager**
* **Assistant Team Manager**
 |  Date: / /  Date: / /  Date: / / Please send an updated chronology and risk assessment with the LPM panel paper to the panel administrator  |
| **Outcome of Panel:** |  |
| **Chair agreement of minutes:** |  |