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| **Viability Request Form****This form is to be used for requests to assess the viability of a connected person as a carer for a child. If the child is to be placed in an emergency please follow then approval process under Regulation 24 of the Care Planning, Placement and Care Review Regulations 2010.** **This form is to be completed by the Child’s Social Worker and sent to the fostering inbox and Andrea Hay with copies to Anna Lomas and Linda Crabtree.****A screening call will be completed by the SSW on duty.** **SSW will inform the CSW of the outcome of the screening call.** **CSW to arrange a visit with the prospective carer and inform Andrea Hay of the date. This will be allocated to a SSW on duty to complete a joint visit. If the proposed assessment is of a couple, then both must be present at the visit.** **If there are more than three prospective carer households the CSW should consult with the family who should agree where possible the strongest three options.**  |
| **Brief summary of events leading to the request** |
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| **Name of Social Worker**  |  | **Name of Solicitor**  |  |
| **Name of child** |  | **Date of Birth** |  |
| **Name of child** |  | **Date of Birth** |  |
| **Name of child** |  | **Date of Birth** |  |
| **Name of child** |  | **Date of Birth** |  |
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| **Dates of PLO meeting** |  | **Date of forthcoming court hearing** |  |
| **Date viabilities are required by legal** |  | **Date full assessment is required by (if known)** |  |
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| **1. Name(s) of potential carers** |  | **Address** |  |
| **Date of Birth** |  |  |  |
| **Contact numbers** |  |  |  |
| **Relationship to child(ren)** |  |  |  |
| **Date of screening call**  |  | **Outcome – progress to viability or close?** |  |
| **Date viability visit completed** |  | **Progress to full assessment? (Y/N)** to be completed by FPT |  |
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| **2. Name(s) of potential carers** |  | **Address** |  |
| **Date of Birth** |  |  |  |
| **Contact numbers** |  |  |  |
| **Relationship to child(ren)** |  |  |  |
| **Date of screening call** |  | **Outcome – progress to viability or close?** |  |
| **Date viability visit completed** |  | **Progress to full assessment? (Y/N)** to be completed by FPT |  |
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| **3. Name(s) of potential carers** |  | **Address** |  |
| **Date of Birth** |  |  |  |
| **Contact numbers** |  |  |  |
| **Relationship to child(ren)** |  |  |  |
| **Date of screening call** |  | **Outcome – progress to viability or close?** |  |
| **Date viability visit completed** |  | **Progress to full assessment? (Y/N)** to be completed by FPT |  |
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| **Date DBS checks sent DBS** |  | **Date Consent to disclosure submitted** |  |
| **Social Worker** |  | **Signed** |  |
|  | **Date**  |  |
| In submitting this form, I confirm that I have obtained consent, as appropriate, and that the parent/carer and/or child understand that information from the telephone screening and viability assessments will be shared (as appropriate) between relevant professionals including the Trafford Care Coordination Centre. |