**Initial Decision Proforma**

**Decision whether to complete an Age Assessment**

|  |  |
| --- | --- |
|  | If a photo has been taken, please attach or inset it into this document |
| Self Stated Date of Birth and age in years: | Home Office Date of Birth and age in years: |
| Nationality : | Language: |
| Has interpreter been used?  If ‘no’ – explain why: |  |
| Port Ref No : | Home Office Ref No : |
| Name & Address of Local Authority Undertaking Initial Visit :  Derby City Council  People's Services  Children in Care Team  Council House  Corporation Street  Derby  DE1 2FS | |
| Names of Workers : | Date of Visit : |
| The purpose of this Initial Visit is to decide whether an assessment of age is necessary.  Is the person presenting *clearly and obviously a child*?  Is the Person Presenting *clearly and obviously an adult*?  \*Is the *person’s age in doubt*?  \* If the person’s age is in doubt, the Local Authority will make necessary arrangements in order to undertake Merton compliant Age Assessment. | |
| Signature: Worker One | |
| Signature: Worker Two | |
| It was explained to you at the end of your interview that you have the right to disagree with the outcome of the visit and to challenge our decision; you may do so by contacting a Solicitor or by requesting the ‘Complaints Procedure for Children & Young People’. | |