**Mapping Meeting Request Form**

|  |  |
| --- | --- |
| **Name of Person requesting meeting:** |  |
| **Name of Chair *(if different):*** |  |
| **Date, time & location of meeting:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **YOUNG PERSON**  For whom the meeting is being arranged | | | |
| **Name:** | **Date of Birth:** | **Address:** | **LCS Number:** |
|  |  |  |  |

|  |
| --- |
| **KNOWN ASSOCIATES**  Names and DOBs to be listed by person requesting the meeting. To then be pasted into the email invite, by Business Support |
|  |

|  |  |  |
| --- | --- | --- |
| **INVITEE DETAILS**  For whom the meeting is being arranged | | |
| **Invitee:** | **Contact Details:** | **Required to attend?** |
| **Local Police Team (SNT)** |  | Yes |
| **Social Workers of any associates mentioned** |  |  |
| **Education**  (if applicable) |  |  |
| **Any other professionals involved in the young person/s care** |  |  |