

CASE TRANSFER

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| Date of Transfer Meeting |  |
| Reason for Case Transfer |  |

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| Name of Child/Young Person |  |
| Date of Birth  |  | Ethnicity |  | Mosiac ID |  |
| Home Address |  |
| Placement Address (if different) |  |
| Who has parental responsibility? |  |

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| Legal Status incl date accommodated if LAC |  |
| PLO status incl next Court date if relevant |  |
| Date of last meeting *eg. CIN/CP/CLA/RMM/PEP* |  |
| Date of next Meeting *eg. CIN/CPC/CLA/RMM/PEP* |  |
| Name of IRO/CP Chair |  |
| Visiting Frequency |  | Date Next Visit due by |  |
| Educational/Training Placement  |  |
| Is there a PEP/EHCP in place? |  |
| Details of any funding already agreed  |  |

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| Are the basic details up to date on mosaic *eg, current address, ethnicity, phone numbers, family network etc?* | Yes/No (delete as necessary & any reasons why if details not up to date) |
| Is the chronology up to date? | Yes/No (delete as necessary) last entry date:  |
| Are all relevant documents completed up to date and signed off? *eg. Assessments, strategy, s47, care plans, PWP’s, visits* | Yes/No (delete as necessary & details of latest relevant docs) |
| Is there a COVID 19 Risk Assessment completed? | Yes/No |
| Is there evidence of management oversight and supervision to enable a clear understanding of decisions that have been made? | Yes/No (delete as necessary and include details) |
| Is there a current and up to date plan clear on the record? *(including a safety plan)* | Yes/No (delete as necessary and include details of the plan/date) |

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| Brief Summary of Case including the specific needs of the child/family (*eg exploitation, self harm risk* ). Please specify the work you have assessed that this child/family needs. |
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| What is the plan for this child/family? What key dates and events should the new SW be aware of. |
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| Has Child/Young Person met their new social worker? |  | Date  |  |
| Have parents/carers & relevant professionals been informed of change in worker/Team and been provided with the contact details? |  |
| Case to be transferred from (worker’s name/Team)  |  |
| Case to be transferred to (worker’s name/Team) |  |
| Date of Case Transfer/Reallocation |  |

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| SendingTeam Manager Comments |
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| Date signed off by Team Manager |  |