**FOSTERING PANEL CHECKLIST**

**CONNECTED PERSONS EXTENSION TO TEMPORARY APPROVAL**

**Connected Persons Carers Name/s:**

**Liberi Number/s:**

**Date of Panel:**

**Social Worker(s) Attending:**

*(Child(rens) and Fostering Social Workers should both attend panel)*

**Connected Persons Foster Carer(s) Attending:**

|  |  |  |
| --- | --- | --- |
| **Connected Persons Approval** | **Notes** | **Tick box** |
| Connected Person Foster Carer Summary Report |  |  |
| Initial Connected Person Assessment Authorisation for Temporary Approval – Assistant Director Signature |  |  |
| Appendix B: Connected Persons Placement Temporary Approval Extension Form | *(completed by Assessing SW and forwarded to Asst AD who signed off original temp approval with panel minutes)* |  |

**NB: Please ensure all paperwork complete before submission to Panel Administrator**

Signed …………………………………….Presenting Social Worker

Signed …………………………………….Team Manager

Date ………………………………

**Report for Connected Persons Extension-Regulation 25**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Child(ren)** | | **Date of Birth** | **Liberi ID** |
|  | |  |  |
|  | |  |  |
| **Legal status** |  | | |
| **Carer(s) Name:** |  | | |
| **Carers Address:** |  | | |
| **Child’s Social Worker:** |  | | |
| **Team:** |  | | |
| **Fostering Social Worker:** |  | | |
| **Team:** |  | | |
| **Reason for Extension**  **Background Information**  **Update - What is working well**  **Update - What are we worried about**  **Update - What needs to happen** | | | |
| **Recommendation** | | | |
| **Signed**  **Social Worker**  **Date**  **Signed**  **Team Manager**  **Date:** | | | |