**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:** |