WARRINGTON BOROUGH COUNCIL

**NOTIFICATION FROM OTHER LOCAL AUTHORITY OF CHILDREN IN CARE**

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| **DETAILS OF CHILD:** |  |
| **Surname:** |  |
| **Forename(s):** |  |
| **Date of Birth:** |  | **Gender:** |  |
| **Ethnicity:** |  | **Legal Status:** |  |
| **NHS Number:** |  |
| **Placing authority:** |  |
| **Social Worker's Name & Contact Details:** Address (incl postcode), telephone number and email address |  |
| **New into Care?** Yes/No | **Change of Placement?** Yes/No |
| **Date of Arrival:**  |  | **Date of Departure:** |  |
| **Risk of CSE/MFH?** Yes/No | **Details:** |
| **PLACEMENT DETAILS:** |  |
| **Name of carer/establishment:**(In the case of Agency, Independent or Private Providers please provide Company name and HQ address) |  |
| **Telephone number:** |  |
| **Placement Address:** |  |
| **Status of placement:** **(Please delete as applicable)** | Adopters / LA Foster Carers / Family Carer / Residential Home / Residential School / Parent / Independent/Agency Foster Carer / Independent/Private Residential Establishment  |
| **Is the care provider registered with OFSTED?** (Any no responses will be flagged to the operational director) | Yes/No |
| **If no is the provider registered with another independent regulator?**  | Yes/No |
| **If yes please provide their details:** |  |
| **GP****(name and address)** |  |
| **HV/SHA****(name and address)** |  |
| **School****(name and address)** |  |
| **Completed by:** |  |  |
| **Date:** |  |

This form is to be completed for all children placed in Warrington by another local authority and returned to the Safeguarding and Quality Assurance Service’s secure email address safeguarding&qaservice@warrington.gov.uk. Warrington are to be kept informed of any changes by the form being updated and resubmitted.