**The Care Planning, Placement and Case Review (England) Regulations 2010**

**Notification of placement or change of placement of looked after children**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child/Young Person’s Details** | | | | | | | | | | | | | |
| Placing authority |  | | | | Placing authority address | | | | |  | | | |
| Surname: |  | | | | First Names | | | | |  | | | |
| Alias: |  | | | | Date of birth: | | | | |  | | | |
| Ethnicity/language: | / | | | | Gender: | | | | |  | | | |
| NHS number |  | | | | Unique pupil number | | | | |  | | | |
| Person with parental responsibility: |  | | | | Contact number | | | | |  | | | |
| Legal status |  | | | | Start date | | | | |  | | | |
| Child protection plan: | Yes / no | | | | Details | | | | |  | | | |
| Social Worker name |  | | | | Telephone | | | | |  | | | |
| Email address |  | | | | Out of hours contact | | | | |  | | | |
| Virtual School Head |  | | | | Contact | | | | |  | | | |
| **Placement details** | | | | | | | | | | | | | |
| Current carer  Address |  | | | | Name | | | | |  | | | |
| Telephone number | | | | |  | | | |
| Type of placement |  | | | | Agency: | | | | |  | | | |
| New/change/end |  | | | | Date of change: | | | | |  | | | |
| Previous carer |  | | | | | | | | | | | | |
| Reason for change |  | | | | | | | | | | | | |
| **Educational Establishments** | | | | | | | | | | | | | |
| Name of establishment - current | | | Local Authority | | | | Start date | | End date | | | Absences | Exclusions |
|  | | |  | | | |  | |  | | |  |  |
| Designated Teacher for LAC: | | |  | | | | | | | | | EHCP: | Yes/No |
| Name of establishment - new | | | Local Authority | | | | Start date | | End date | | | Absences | Exclusions |
|  | | |  | | | |  | |  | | |  |  |
| Designated Teacher for LAC: | | |  | | | | | | | | | EHCP | Yes/No |
| **GP Details** | | | | | | | | | | | | | |
| Previous GP address | |  | | | | | | Name | | |  | | |
| Telephone number | | |  | | |
| New GP address | |  | | | | | | Name | | |  | | |
| Telephone number | | |  | | |
| **Risks** | | | | | | | | | | | | | |
| Risk of Missing | | | | Yes/No | | Youth Justice Involvement | | | | | | | Yes/No |
| Risk of Child Sexual Exploitation | | | | Yes/No | | CAMHS involvement | | | | | | | Yes/No |
| Risk of Suicide Ideology/Ideation | | | | Yes/No | |  | | | | | | |  |
| **Additional Details** | | | | | | | | | | | | | |
| (If yes to any of the above please share any information about known risks, including care plans and plans to manage the risk and this information will be passed to our CSE and Vulnerability co-ordinator.) | | | | | | | | | | | | | |
| **Attachments** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |

Please return to: **Kelly Priestley, Safeguarding Unit / Virtual School**

**North Yorkshire County Council**

**County Hall, Northallerton, North Yorkshire, DL7 8AE**

**Tel: 01609 532490**

**Secure email** [**ooalac@northyorks.gov.uk**](mailto:ooalac@northyorks.gov.uk)

This form will then be forwarded onto Health and Education.