*To be completed by child’s social worker or by the Family Finder attending the PPM in collaboration with the child’s SW and emails to the Family Finding team manager.*

|  |  |
| --- | --- |
| **DATE OF REFERRAL:** |  |
| **COMPLETED BY:** |  |
| **CHILD’S NAME:** |  |
| DOB: |  |
| ICS NUMBER: |  |
| GENDER: |  |
| ETHNICITY: |  |
| CURRENT LEGAL STATUS: |  |

**SIGNIFICANT PEOPLE**

|  |  |
| --- | --- |
| Childcare SW: |  |
| Childcare Team Manager: |  |
| Foster Carer: |  |
| Fostering Supervising Social Worker: |  |

IFA or in house placement currently? ☐ IFA ☐ In House

Is child remaining with their Current Foster Carer/s a possibility? ☐ Yes ☐ No

FGC has taken place? ☐ Yes ☐ No

Child requiring new permanent placement? ☐ Yes ☐ No

|  |  |
| --- | --- |
| Date of next meeting: |  |
| Allocated for family finding to: |  |
| Named worker: |  |
| Family finding team manager: |  |

Date:

Please update ICS accordingly

To be submitted to: