NOTIFICATION FORM

**Notification of need/concern/significant event**

This form must also be completed following any Notification being passed verbally to a Named Person

Child Details

|  |
| --- |
| Name: (including forename and surname)Click here to enter text. |
| Home Address: Click here to enter text. |
| Current Address: Click here to enter text. |
| DOB: Click here to enter text. |
| SEEMIS: Click here to enter text. | SWIFT: Click here to enter text. | CHI: Click here to enter text. |
| Name of Establishment attended:Click here to enter text. | Contact Person:Click here to enter text. | Person’s Contact Details:Click here to enter text. |

|  |
| --- |
| Is this child/young person looked after at home or away from home? Click here to enter text.  |

Agency details (the agency completing notification)

|  |  |
| --- | --- |
| Name: Click here to enter text. | Tel No: Click here to enter text. |
| Address: Click here to enter text. | Email: Click here to enter text. |
| Agency and Designation: Click here to enter text. | Fax: Click here to enter text. |

In relation to this notification please detail:

|  |  |
| --- | --- |
| Date of initial verbal discussion: | Click here to enter a date. |
| Details of person with whom discussion took place:(police/social work employee) | Click here to enter text. |
| Details of the advice given at this time: | Click here to enter text. |
| Have parents/carers given consent to share this concern? | Yes [ ]  No [ ]  |

Summarise the need/concern/significant event, including child’s views and parents’ views, if known, and any other information relating to child’s circumstances (attach any assessment/plans/chronologies if available).

|  |
| --- |
| Click here to enter text. |

What are the family, you or your agency currently doing to support this child?

|  |
| --- |
| Click here to enter text. |

Are you aware of actions from any other agency being taken to support child/family currently or in the past?

|  |
| --- |
| Click here to enter text. |

Are you aware of any previous Notifications? If so, please provide details of any outcome that you are aware of.

|  |
| --- |
| Click here to enter text. |

|  |  |
| --- | --- |
| Is the Named Person aware of the Notification? | Yes [ ]  No [ ]  |
| Is the Lead Professional aware of Notification (where applicable)? | Yes [ ]  No [ ]  |
| Date form Completed: | Click here to enter a date. |