 

**Best Care Panel Referral Form**

***Please send completed referral forms and requested documentation to*** ***BestCarePanel@Bournemouth.gov.uk***

Best Care Panel Date:

Child's Name:

RAISE No:

Previous Panel Case: Yes No

Date of Birth:

Ethnicity:

Disability:

Legal Status:

 Type of Placement:

 Name of Provider:

 Placement Address

 (including **postcode**):

 Reason for Referral:

Interim Care Order Remanded into Custody

Care Order Special Guardianship Order

Section 20 Supervision Order

Other *(Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

IFA Residential School

 B&B Supported Lodgings

 Residential Bespoke Package

 Other *(Please specify)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Oversight and Review

Consultation, Advice and Guidance

Support to maintain placement

Support for permanence planning ***(i.e. long term fostering, reunification)***

SGO Financial Support Recommendation

Staying Put

Care Leavers Accommodation

Education/Health Care Plan Oversight and Review

Other *(please specify)****:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

|  |  |  |
| --- | --- | --- |
| Child / Young Persons Views & Wishes: |  |  |
| *In this section record the views and wishes of the Child / Young Person* |  |  |
|  |  | Care Plan & Last LAC Review |
|  |   | Pathway Plan |
|  |  | Court Care Plan |
| Documentation: |  | SGO Support Plan & Financial Assessment |
|  |  | Specialist Reports |
|  |  | EHC Plan |
|  |  | New Placement Support Package / Costs |
|  |  |  |
| Referred by: |  |
| Allocated Social Worker: |  |
| Team / Practice Manager: |  |
| Date Referral Sent: |  |
| Remember to attach the relevant documentation to support your referral toBest Care Panel. |