

**Southampton City Council**

**Arrangements for Placement of Children (General) Regulations 1991**

**Notification of Placement or Change of Placement of Looked After Child**

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| **CHILD / YOUNG PERSON’S DETAILS** | |
| Name of Child / Young Person (plus any aliases): |  |
| Date of Birth: |  |
| Gender: |  |
| Name of placing authority: |  |
| Social worker: |  |
| Social worker’s telephone no: |  |
| Out of Hours Service: |  |
| Name & address of parent / person(s) with Parental Responsibility: |  |
| Legal status: |  |
| On Child Protection plan? |  |
| On Children with Disabilities Register? |  |
| Name of IRO: |  |
| **PLACEMENT DETAILS** | |
| Is this a new placement, a change, or end of placement: |  |
| Placed with (residential home / foster carer / organisation): |  |
| Address: |  |
| Date of commencement / change / termination of placement: |  |
| Has this placement been contracted to provide any specialist services? |  |
| New school attending: |  |
| Previous school: |  |
| New GP details: |  |
| Previous GP: |  |
| Are there any particular needs or risks to the child Southampton need to be aware of? (e.g. SEN, disability, YOS, CSE, outstanding health appointments) |  |

**Once completed please return this form via secure email to:** [**LAC.Notifications@Southampton.gcsx.gov.uk**](mailto:LAC.Notifications@Southampton.gcsx.gov.uk)

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