

Please email the UNOCINI/ equivalent assessment with placement referral form

SHSCT Family Placement Service Placement Request Form									
1. <u>Family Details</u>									
Name of Child(ren) Requiring Placement	H&C No	Date of Birth	Gender M/F	School	Legal Status	Care Plan			
Ethnicity				Religion					
Language Needs				Disability					
Name of Other Siblings	H&C No	Date of Birth	Gender M/F	School		Legal Status/ Child Protection Register			
2. Parent Details		Mother				Father			
Name									
Address									
Tel No									
3. <u>Type of Placement Required</u>									
Emergency Foster Placement				Mother & Baby Placement					
Short Term Foster Placement				Intensive Support Placement					
Long Term Foster Placement				STAY (Supported Lodgings) Placement					
Respite Foster Placement									
State with whom the child is currently living e.g. parent, relative, foster carer (if in foster care please provide name and address of carer(s) and name of supervising social worker)									
Placement History (Total number of previous placements)									
Adoptive		Foster		Residential		Respite		Secure/YOC	
What placement options have been explored with extended family?									
Has a referral been made to the Trust Resource Panel?									
PLEASE NOTE: Recent UNOCINI/Equivalent Assessment MUST be attached or request WILL NOT be progressed (with the									

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exception of new admissions via Gateway)
4. <u>Brief Summary of Child's Current Needs</u> – Refer to UNOCINI for further information
State main presenting reason for admission to care/ placement required: (if this is a request for respite please provide update as to how the child or young person is progressing in current placement)
Personality – Temperament, Strengths, Likes/Dislikes, How they get on with others
Health – State if child has any specific health or dietary needs or is currently on any medication
Education – School attended, Full or Part time, Transport arrangements, Special educational needs or learning/support needs
Family & Friends – Significant people, Proposed contact arrangements
Emotional and behavioural development – Abuse experienced by child/young person, Social presentation, Self-esteem,
Identified Risk – Include information on absconding, Criminal offences, Verbal/physical aggression towards others, self-harm/substance misuse, known triggers for behaviour
Matching considerations - Detail race, Religion, Contact, Geographical area, outline any restrictions on child/ young person being placed with other children/ young people.

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5. Referrer Details			
Name of referring social worker		Tel No: Mob No:	
Referral Team		Date of Referral	
Team Locality		Date Placement Required	
Name of Head of Service consenting to admission		Designation	
For Office Use Only			
Has a SOSCAR placement history check been completed?			
Placement Request Outcome (Tick ✓)			
Emergency Foster Placement		STAY (Supported Lodgings) Placement	
Short Term Foster Placement		Intensive Support Placement	
Long Term Foster Placement		No Placement Available	
Respite Foster Placement		Placement request withdrawn	
Mother & Baby Placement		Other (Please State):	
Name of Carer		Date Placement to Commence	
Address		Date Placement to Cease	
Tel No		Name of supervising social worker	
Are there other looked after children/young people in this household?			Yes
Have you notified the supervising social worker for the foster carer(s)?			Yes
Actions to be followed up:			By Whom
Social worker to ensure all paperwork is completed, signed and left with the foster carer			
Social worker to make contact with the carer to make arrangements for placement			
Social worker to ensure PARIS is updated to reflect the move			
Social worker to make transport arrangements if required for school, contact etc.			
Supervising social worker to advise admin for payment purposes			
Name of Duty Worker		Date	

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Please forward completed form to fostering&adoption@southerntrust.hscni.net