|  |  |
| --- | --- |
| **Senders Name** |  |
| **Contact No** |  |
| **Email Address** |  |
| **Date Notified** |  |

**CHILD / YOUNG PERSON SUBJECT TO A CHILD PROTECTION (CP) PLAN – TRANSFERRING IN TO NORFOLK FROM AN OTHER LOCAL AUTHORITY (OLA)**

**PERSONAL INFORMATION OF CHILD / YOUNG PERSON**

|  |  |  |  |
| --- | --- | --- | --- |
| **SURNAME** |  | **FIRST NAME** |  |
| **DATE OF BIRTH** |  | **GENDER** | Choose an item. |
| **CLIENT ID (IF KNOWN PREVIOUSLY TO NCC)** |  | **NHS NUMBER** |  |
| **ETHNICITY** |  | **FIRST LANGUAGE** |  |
| **LEGAL STATUS OF CHILD / YP** |  | **CP REGISTRATION CATEGORY & DATE** |  |
| **NAME & ADDRESS OF PERSON(S) WITH PARENTAL RESPONSIBILITY** | |  | |
| **HOME ADDRESS IN OLA** | |  | |
| **GP NAME & ADDRESS IN NORFOLK (IF KNOWN)** | |  | |
| **SCHOOL/EARLY YEARS PROVISION NAME & ADDRESS IN NORFOLK (IF KNOWN/RELEVANT)** | |  | |

**CONTACT DETAILS OF OTHER LOCAL AUTHORITY**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME & ADDRESS OF OLA** |  | | |
| **CHILD / YP SOCIAL WORKER NAME, TEAM NAME, TEAM CONTACT NO & EMAIL** |  | **EDT SERVICE CONTACT NO & EMAIL** |  |

**DETAILS OF CHANGE IN LIVING ARRANGEMENTS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **WHO CHILD/YP WILL BE STAYING WITH & NORFOLK ADDRESS WHERE RESIDING** |  | | | | | | |
| **IS TRANSFER TEMPORARY OR PERMANENT?** | Choose an item. | | **REASON FOR CHANGE IN LIVING ARRANGEMENTS** | | |  | |
| **IF TEMPORARY**  If temp then form to be emailed to: [cscpnotifications@norfolk.gov.uk](mailto:cscpnotifications@norfolk.gov.uk) | **START DATE** | Click here to enter a date. | | **END DATE** | Click here to enter a date. | | **TO ADVISE NCC WHEN CHILD / YP RETURNS** |
| **IF PERMANENT**  If perm then form to be emailed to:  [cadsadmin@norfolk.gov.uk](mailto:cadsadmin@norfolk.gov.uk) | **TRANSFER IN CONFERENCE WILL BE HELD WITHIN 15 WORKING DAYS OF COMPLETED REQUEST BEING RECEIVED WITH ALL REQUIRED DOCUMENTATION (SEE LIST BELOW). THE OLA SOCIAL WORKER WILL BE EXPECTED TO ATTEND THE TRANSFER IN CONFERENCE.** | | | | | | |
| **REQUIRED FOR THE TRANSFER IN CONFERENCE** | **DETAILS OF ALL OTHER PROFESSIONALS WORKING WITH THE FAMILY IN NORFOLK** | | |  | | | |
| **DETAILS OF WHO ELSE WILL BE PROVIDING REPORTS TO BE DISCUSSED AT CONFERENCE** | | |  | | | |
| **OTHER USEFUL INFORMATION** |  | | | | | | |

**CHECKLIST OF DOCUMENTATION TO BE SENT WITH THIS FORM:**

|  |  |
| --- | --- |
| **TEMPORARY TRANSFER:** | **PERMANENT TRANSFER:** |
| * Current Child Protection Plan | * Written rationale of housing arrangements * Current Child Protection Plan * Previous Child Protection Conference Reports * Any current assessment including risk assessments * An evaluation of the implications of the move including increase/decrease level of risk * Any identified special needs including health and education * A chronology |