

Child / Young Person's Details					
Name		Please insert response here			
Mosaic number			00000000		
Date of birth			01/0	01/01/2000	
Gender			Please insert response here		
Disability			Please insert response here		
Ethnicity			Please insert response here		
Religion			Plea	Please insert response here	
Current legal status			Plea	Please insert response here	
Any information regarding legal or immigration status		Please insert response here			
Date of Placement Plan		01/01/2000			
Details of involved professionals					
Designation	Name	Agency		Telephone	Email address
				number	
Social Worker	Please insert response here	Please inser response he		Please insert response here	Please insert response here
Social Worker Team Manager			re t	Please insert	
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Discount data its				
Placement details				
What is the type of accommodation being provided?	Please insert response here			
The address of the accommodation	Please insert response here			
Name of the person who will be responsible for the child/young person at the accommodation on behalf of the responsible authority (the Registered Manager)	Please insert response here			
What is the timescale for the placement?	Please insert response here			
Day-to-day arrangements				
On a day to day basis, how will the child/young person will be cared for how will their welfare will be safeguarded and promoted by the appropriate person.	Please insert response here			
Where the child/young person is <u>not</u> in the car are the responsibilities of:	e or the responsible authority, what			
The responsible authority	Please insert response here			
The child/young person's parents	Please insert response here			
Any person who is not the child/young person's parent but who has parental responsibility for the child/young person.	Please insert response here			
Where the child/young person agrees to being provided with accommodation under section 20 (if they are aged 16 or over).	Please insert response here			
Any circumstances in which it would be necessary to obtain in advance the responsible authority's approval for the child/young person to take part in school trips or to stay overnight away from the placement.	Please insert response here			
Who is responsible for the Mental Capacity assessment and timescales for completion?	Please insert response here			
What cultural factors need to be taken into consideration?	Please insert response here			
Information about the child / young person				
What are the child/young person's background, personal history and immediate care needs?				
Please insert response here				
Emotional, developmental and self-help skills				



What is the level of cognitive functioning?				
Please insert response here				
What developmental areas are requiring focus?				
Please insert response here				
What is the young person's level of independence in feeding, toileting, dressing, bathing?				
Please insert response here				
Behavioural issues				
What are the presenting behaviours that require placement? (What is the nature of the challenging behaviour? Give examples)?	Please insert response here			
What strategies are known to limit or effectively manage the behaviours?	Please insert response here			
Health				
What are the arrangements for the child/young person's health care needs (including physical, emotional and mental health)?	Please insert response here			
The name and address of the child/young person's registered medical practitioner.	Please insert response here			
What are the arrangements for the child/young person's dental care	Please insert response here			
The name and address of the child/young person's registered dental practitioner.	Please insert response here			
Where applicable, any registered medical practitioner with whom the child/young person is to be registered following the placement?	Please insert response here			
Where applicable, any registered dental practitioner with whom the child/young person is to be registered following the placement?	Please insert response here			
Education				
What are the arrangements for the child/young person's education and training?	Please insert response here			
The name and address of any school at which the child/young person is a registered pupil.	Please insert response here			
The name of the designated teacher at the school (if applicable).	Please insert response here			
The name and address of any other educational institution that the child/young Please insert response here				



person attends, or of any other person who provides the child/young person with education or training				
Where the child/young person has a statement of special educational needs, details of the local authority that maintains the statement.	Please insert response here			
Contact arrangements				
Any arrangements made for contact between the child/young person and any parent of the child/young person and any person who is not the child/young person's parent but who has parental responsibility for the child/young person, and between the child/young person and any other connected person including, if appropriate a) the reasons why contact with any such person would not be reasonably practicable or would not be consistent with the child/young person's welfare, b) if the child/young person is not in the care of the responsible authority, details of any order made under section 8, (c) if the child/young person is in the care of the responsible authority, details of any order relating to the child/young person made under section 34, (d) the arrangements for notifying any changes in the arrangements for contact.				
Detail any Court Orders relating to contact	Please insert response here			
Contact Arrangements	Please insert response here			
Arrangements for notifying any changes in contact arrangements	Please insert response here			
Visits				
VISICS				
The arrangements made for Social Worker or othe child/young person in accordance with the frequen arrangements made for advice, support and assist person between visits.	cy of visits regulation, and the			
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Details of the Local Authority that maintains the Statement/EHC plan	Please insert response here		
Agreement to the delegation of responsibility to the Registered Manager for the YP's day to day care by parents/carers			
Signed by Parent(s):			
Date:	01/01/2000		