**Invitation to attend Child Safeguarding Conference**

|  |  |
| --- | --- |
| **NAME OF SUBJECT(S)** | |
| **Child 1:** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **Child2:** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **Child3:** |  |
| **Date of Birth:** |  |
| **Address** |  |
| **Child4:** |  |
| **Date of Birth:** |  |
| **Address:** |  |
|  |  |
| **Child5:** |  |
| **Date of Birth:** |  |
| **Address:** |  |

|  |  |
| --- | --- |
| **DETAILS OF PARENTS / CARERS / HOUSEHOLD MEMBERS** | |
| **Parent/ Carer1:** |  |
| **Relationship to child(ren):** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **Parent/ Carer2:** |  |
| **Relationship to child(ren):** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **Parent/ Carer3:** |  |
| **Relationship to child(ren):** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **Parent/ Carer4:** |  |
| **Relationship to child(ren):** |  |
| **Date of Birth:** |  |
| **Address:** |  |

|  |  |
| --- | --- |
| **GP PRACTICE DETAILS** | |
| **Name of GP Practice:** |  |
| **Practice Address:** |  |
| **Practice Telephone No:** |  |

Dear Doctor,

Please could you complete the following form to provide information for the forthcoming Safeguarding Conference?

Please note:

* *It is acceptable for an administrator to complete this form, as long as it is checked by a GP prior to submitting to the conference chairperson*
* *It is acceptable to write ‘No information as far as I am aware’ in sections about which you have no information.*
* *If this is for a Review Conference, please comment on what has changed since the previous Conference.*
* *Please complete this report whether you are attending the conference or not*
* *Please complete information for each child and parent/carer involved in the conference*
* *Information within this report will be shared with conference members, including the family. If there is any information which should not be shared, please contact the conference chairperson to discuss further*
* *Please do not attach or submit any medical records with this report*

|  |  |  |
| --- | --- | --- |
| **Are you able to attend? (please delete)** | **Yes** | **No** |
| **Comments** |  | |

|  |  |
| --- | --- |
| **Once you have completed this paperwork, please sign the declaration below (if completing electronically, you can enter your name in the signature box and this will be treated as an electronic signature).** | |
| ***I have read the answers provided in this report and confirm that they accurately reflect the information available to us about the child and family*** | |
| **Signed:** | **Date:** |

|  |
| --- |
| **Child:** |
| **Date of Birth:** |
| **Address:** |

|  |  |  |
| --- | --- | --- |
| **Is the child up to date with his/her immunisations?** | **Yes** | **No** |
| **Comments:** | | |

|  |  |  |
| --- | --- | --- |
| **Has the child had any OOH or A&E attendances?** | **Yes** | **No** |
| **Please list A&E attendances in the last 12 months** | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **How many attendances at the surgery has this child had in the last 12 months?** | **0-2** | **3-5** | **6-8** | **>8** |
| **Please comment about the nature of these consultations, and whether they were appropriate or not.** | | | | |

|  |  |  |
| --- | --- | --- |
| **Does the child have any long term medical conditions?** | **Yes** | **No** |
| **Please list long term conditions** | | |

|  |  |  |
| --- | --- | --- |
| **Does the child have any medications?** | **Yes** | **No** |
| **Please list current medications** | | |

|  |  |  |
| --- | --- | --- |
| **Have you had any safeguarding concerns regarding this child? Have there been any past concerns?** | **Yes** | **No** |
| **If yes, please give further details** | | |

|  |
| --- |
| **Parent:** |
| **Date of Birth:** |
| **Address:** |

|  |  |  |
| --- | --- | --- |
| Are you aware of any significant physical health, mental health, learning disabilities, domestic violence, drug or alcohol problems in these parent/carer? | **Yes** | **No** |
| **If yes please give details.** | | |

|  |  |  |
| --- | --- | --- |
| Have you ever had concern about this parent/carer’s ability to provide care for the child/children (basic care, safety, emotional warmth, stimulation, guidance, boundaries and stability)? | **Yes** | **No** |
| **If yes please give details.** | | |

|  |  |  |
| --- | --- | --- |
| Do you have any further information about the home circumstances which are relevant to a safeguarding conference? | **Yes** | **No** |
| **If yes please give details.** | | |

|  |  |  |
| --- | --- | --- |
| Has this report been shared with parent(s)? | **Yes** | **No** |
| **If not shared, please state reason** | | |

**Completed Reports should be sent by secure e-mail to:**

**SafeguardingandReview@lincolnshire.gov.uk**

Please ensure that emails are transmitted giving the date and location of the conference as a reference in the subject.