

## Appendix 2 - Placement Agreement Meeting

### Form Details

Form Start Date:	Worker Name:
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### Person Details

Name:	CareFirst ID:
DoB / EDD:	Gender: Male
Address:	Tel No:

### Purpose

### Meeting

Date of Placement Agreement Meeting	
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Notes

### Details

#### Current legal status

Current Legal Status:	
Date Started	Description

#### Allocated Social Worker

Relationship:
Name:
Address:
Email:
Phone:
Notes:

#### Foster Carer

Relationship:
Name:
Address:
Email:
Phone:
Notes:

Has the delegation of Consent Form been completed?	N/A
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### Health

Date of LAC Medical
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<b>Name:</b>	<b>CareFirst ID:</b>
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**Dentist**

<b>Relationship:</b>
<b>Name:</b>
<b>Address:</b>
<b>Email:</b>
<b>Phone:</b>
<b>Notes:</b>

**GP**

<b>Relationship:</b>
<b>Name:</b>
<b>Address:</b>
<b>Email:</b>
<b>Phone:</b>
<b>Notes:</b>

**Diet**

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**Education/Reviews**

**LAC Review Date Last / Next**

<b>Assigned To:</b>
<b>Date:</b>
<b>Activity Type:</b>
<b>Child Visit?</b>
<b>Child Seen Alone?</b>
<b>Details:</b>

**PEP Last / Next**

<b>Assigned To:</b>
<b>Date:</b>
<b>Activity Type:</b>
<b>Child Visit?</b>
<b>Child Seen Alone?</b>
<b>Details:</b>

**Notes about completion of LAC Review / PEP**

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<b>Name:</b>	<b>CareFirst ID:</b>
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**Nursery**

**Relationship:**  
**Name:**  
**Address:**  
**Email:**  
**Phone:**  
**Notes:**

**School**

**Relationship:**  
**Name:**  
**Address:**  
**Email:**  
**Phone:**  
**Notes:**

**College**

**Relationship:**  
**Name:**  
**Address:**  
**Email:**  
**Phone:**  
**Notes:**

**Contact**

**Contact details**

**Transport arrangements**

**Further Information**

**Person present**

**Circumstance of placement**



<b>Name:</b>	<b>CareFirst ID:</b>
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<b>Care plan</b>
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<b>Religion</b>
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<b>Category:</b>
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<b>Notes:</b>
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<b>Activities</b>
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<b>Health</b>
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<b>Pocket money</b>
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<b>Placement routine</b>
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## 9K - Placement Agreement Meeting

**Name:**

**CareFirst ID:**

### Other Information / Costs

Please note here the support costs and weekly rental costs relating to this placement (these must not exceed the rates quoted within the framework submission)

### Completion and Authorisation

**Completed By:**

**Worker:**

**Tel:**

**Address:**

**Date:**

**Authorisation Comment:**