



Bracknell Forest Local Safeguarding Children Board

CHILD INCIDENT NOTIFICATION

Case for Consideration

STRICTLY CONFIDENTIAL

1. CASE OUTLINE: Include any critical incident, status of child i.e. Subject of a Child Protection Plan, Looked After Child, disability, etc.

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2. CHILD'S DETAILS

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|----------------------------------|--|--------------------------------|---|
| Child's Last Name/s: | | Child's Date of Birth: | |
| Child's Forename/s: | | Age: [If DOB not known] | |
| Also known as: | | Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Ethnicity: Please specify | | Disability: | |
| Child's Home Address: | | | |
| Mother's Name | | | |
| Mother's DOB | | | |
| Mother's Address | | | |
| Father's Name | | | |
| Father's DOB | | | |
| Father's Address | | | |
| Sibling's Name(s) | | | |
| Sibling's DOB(s) | | | |

3. REASONS FOR REQUESTING A REVIEW/REFERRAL: Tick all appropriate options:

- Fits Serious Case Review criteria:
[Please specify appropriate criteria from Working Together to Safeguard Children, Chapter 4]
Click here to enter text.
- Provides opportunity for learning lessons from multi agency work in this case:
[Highlight if either good or poor practice]
Click here to enter text.
- Case does not reach threshold for a Serious Case Review but will provide the opportunity for learning lessons:
Click here to enter text.
- Other:
[Please specify]
Click here to enter text.

4. PARTICULAR CONSIDERATIONS: Please specify any considerations for this case, for example; Is there media interest? Are there criminal proceedings? Is the case linked to a complex abuse case?

5. DECISIONS OF THE SUB GROUP / ACTIONS NEEDED:

- Serious Case Review to be undertaken
- Multi-Agency Review
- Single Agency Review
- Referral to other LSCB
- Other [Please specify] Any formal processes required

6. NOTIFYING AGENCY:

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| Name | |
| Agency: | |
| Email/Phone: | |
| Date of notification: | |