



SQUASH WALES

Case Management Panel Recording Form

Document Control

Document created	Author
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Version	Date	Description of Change	Changed by
2	10/2010		

Action Required

Version	Date	Description of Change	Requested by

Board Agreement

Version	Date Agreed	Comments

Next review date

Version	Next Review Date
3	10/2012

Squash Wales Case Management Panel Recording Form

Part 1

TO BE COMPLETED BY THE DESIGNATED SAFEGUARDING & PROTECTING CHILDREN LEAD OFFICER (CPO)

LEAD CHILD PROTECTION OFFICER DETAILS	
Name	
Position	
Telephone	
Mobile	

Date Referral received	
Case Number	

DETAILS OF PERSON(S) INVOLVED IN REFERRAL (the accused)	
Position (in relation to young person)	

DETAILS OF THE REFERRAL	
Date/ time of referral	
Location	
Persons involved/ witnesses	

Nature of referral to include dates/time of concern/incident
How did the referral come to your attention?
Observations - <i>e.g changes in behaviour, inappropriate actions, injuries, etc</i>
Record of conversation - <i>details of exactly what was said to you and by you</i>
Action taken

CONTACTS MADE

Persons contacted
(provide details of name
and position and
organisation, date and time
contacted and any advice
received)

SUMMARY

ETHNIC GROUP			
Please choose the category that best describes the child's ethnic group if known, from the following list and tick the appropriate box			
White			
A1 British	<input type="checkbox"/>	A2 Irish	<input type="checkbox"/>
A3 Any other white background	<input type="checkbox"/>		<input type="checkbox"/>
Mixed			
B1 White & Black Caribbean	<input type="checkbox"/>	B2 White & Black African	<input type="checkbox"/>
B3 White & Asian	<input type="checkbox"/>	B4 Any other mixed background	<input type="checkbox"/>
Asian			
C1 Indian	<input type="checkbox"/>	C2 Pakistani	<input type="checkbox"/>
C3 Bangladeshi	<input type="checkbox"/>	C4 Any other Asian background	<input type="checkbox"/>
Black or Black British			
D1 Caribbean	<input type="checkbox"/>	D2 African	<input type="checkbox"/>
D3 Any other Black background	<input type="checkbox"/>		<input type="checkbox"/>
<i>Chinese or Other Ethnic Background</i>			
E1 Chinese	<input type="checkbox"/>		<input type="checkbox"/>
E2 Any other (please write in)	<input type="checkbox"/>		<input type="checkbox"/>

DISABILITY			
The Disability Discrimination Act 1995 defines a disabled person as anyone with a "physical or mental impairment that has a substantial and long term adverse effect upon his/her ability to carry out normal day-to-day activities."			
Please choose the description that best describes the nature of the child's disability if relevant, and tick the appropriate box.			
A Visually impaired	<input type="checkbox"/>	D Learning disability	<input type="checkbox"/>
B Hearing impaired	<input type="checkbox"/>	E Multiple disability	<input type="checkbox"/>
C Physical disability	<input type="checkbox"/>	F Other (Please write in)	<input type="checkbox"/>

Part 2**TO BE COMPLETED BY MEMBERS OF THE SQUASH WALES CASE MANAGEMENT PANEL**

Is there a case to answer? YES/NO

If YES, should this case be dealt with as a Summary Offence? YES/NO

Do you want to make any recommendations? YES/NO

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Please record the recommendation that have been made to the Lead Officer on the route that this case should follow. Please record the rationale behind the recommendation:

(Please log/attach any additional calls)

Details of members of the Case Management Panel involved in making this recommendation:

Name(s):

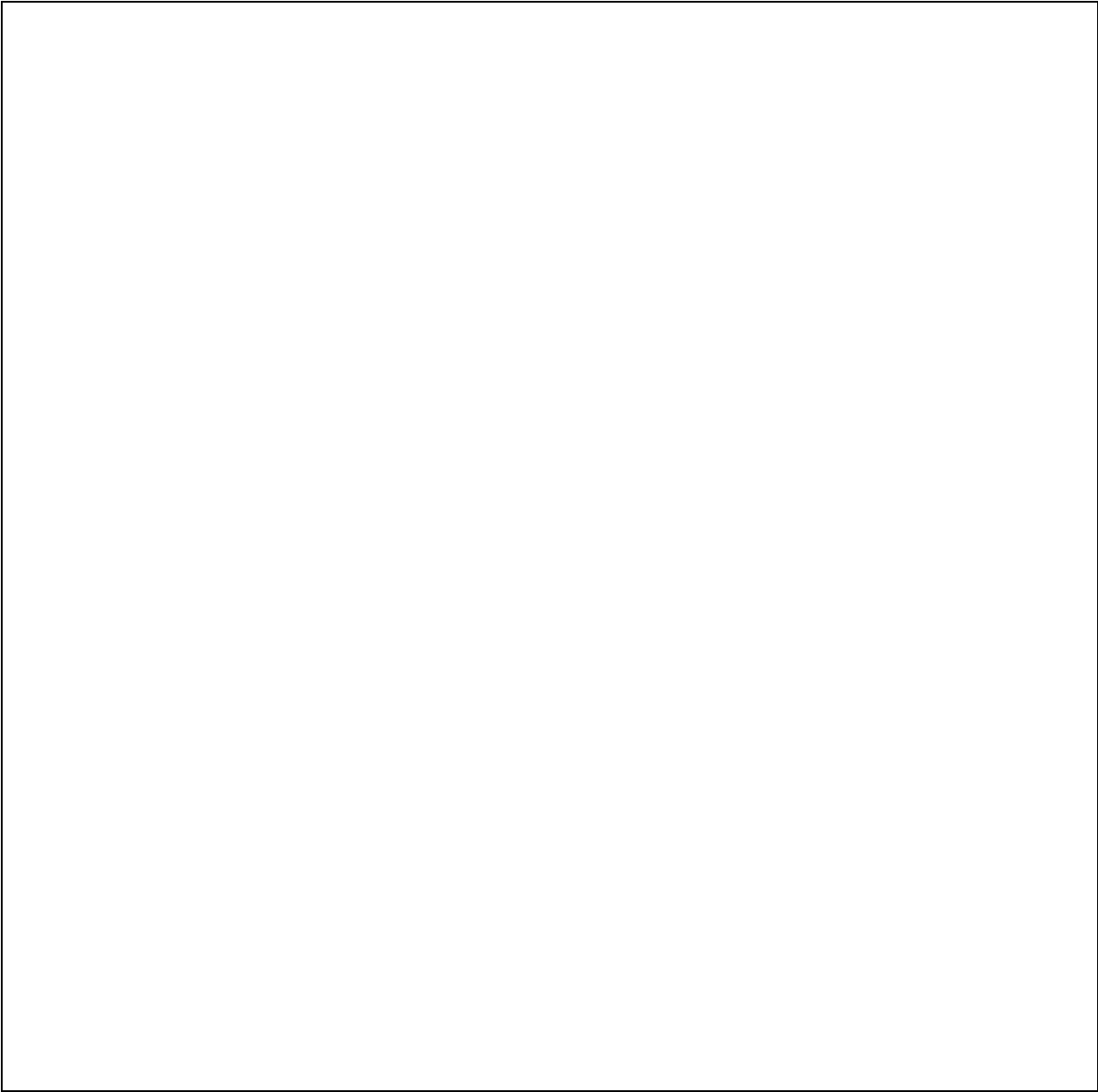
Signature(s):

Date:

Part 3

TO BE COMPLETED BY THE LEAD OFFICER

Details of actions taken and outcome (include all interim actions and outcomes)



Signed

Date