



SCHEDULE 7 EVENTS AND NOTIFICATIONS

If the incident included the use of restraint you should use the restraint form.
If the child is missing from care please use the missing from placement form.

Child: _____ DOB: _____

Legal Status: _____

Social Worker: _____ Tel: _____

Foster Carer/s: _____ Tel: _____

Address: _____

Supervising Social Worker: _____

Date of event or event began: _____

Date concluded (if applicable): _____

Describe the incident, event or nature of serious illness (use separate sheet if necessary)

What action has been taken? By whom? (Give contact numbers if person other than foster carer, or social worker?)

Who has been informed (give dates when informed)

What further action/s need to be taken?

Any further details not mentioned above you think are important to note?

Name of person completing this form:

Designation:

Signed:

Date:

Please return to:
Team Manager,
Wirral Fostering Service,
Conway Building,
Conway Street,
Birkenhead
CH41 6LA