**

GP REPORT TO CHILD PROTECTION REVIEW CONFERENCE

*Please provide information on any of the below registered with your practice/group.*

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| --- | --- |
| NAME OF CHILDREN:   | DOB: |

|  |  |
| --- | --- |
| NAME OF PARENT/S:   | DOB: |

|  |
| --- |
| **ADDRESS OF FAMILY:** |

 |   |

|  |
| --- |
| **DATE OF CONFERENCE:** Click or tap to enter a date. |

**GP Surgery/Group:**  Click or tap here to enter text.

**GP Name:** Click or tap here to enter text.

Date of Report: Click or tap to enter a date.

Will a representative attend the Conference: *(click the box)* Yes [ ]  No [ ]

Please detail any involvement you or your agency has had with the child/family since the last Review Conference:

*Active Problems, significant present and past medical history, current medication, A/E, walk in centre, OOH attendances, any hospital appointments/admissions/clinics, are Immunisations up to date etc.*

Click or tap here to enter text.

Grey Areas
*What do we need to know more about? If you don’t feel that you can comment, please state this in your response below*

Click or tap here to enter text.

*Checkbox if there are no comments in this section* [ ]

Complicating Factors

*Things that make it hard to keep the children safe? This could be parental mental health, parental substance misuse, concerns about domestic abuse. If you don’t feel that you can comment, please state this in your response below*

Click or tap here to enter text.

*Checkbox if there are no comments in this section* [ ]

Child/Children’s Viewpoint

*Wishes /Feelings/Voice/Observations/Impact. If you don’t feel that you can comment, please state this in your response below*

Click or tap here to enter text.

*Checkbox if there are no comments in this section* [ ]

Protective Factors
*What are the strengths in this family which make it safer for the child? If you don’t feel that you can comment, please state this in your response below*

Click or tap here to enter text.

*Checkbox if there are no comments in this section* [ ]



PLEASE EMAIL THIS COMPLETED REPORT AS A PDF OR WORD

DOCUMENT TO: CPRU.Rep@kirklees.gov.uk