

SOCIAL CARE PROFILE

Primary Children Looked After Advisory Service

Childs Details	
Name of Child	
Preferred Name / Known As	
Current Address of Child	
Date of Birth	
Date Child first became looked after	
Gender	
Health Information (e.g. Medical conditions / allergies / prescribed medication and medication side effects)	

Education Details	
Current School	
Year Group	
Has the Child repeated a school year? (If yes, please provide details)	
Date of last Personal Education Plan Review (If appropriate)	
In the child's opinion, which adult in school do they have the best relationship with?	
How is the Child transported to and from school?	

Date CLA1 sent to School and cla1.notification@eani.org.uk	
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Health and Social Care Trust Details	
Childs Social Worker	
Senior Social Worker	
Office Address	
Telephone Number	
Email Address	
Preferred method of contact	
Who should school staff contact in an emergency?	
Other Services involved with the Child (e.g. Therapeutic Services)	

Parents Details	
Parent/s Name/s:	
Parent/s Address/es:	
Parent/s Telephone number/s:	
What is the parental Involvement in the child's education? (i.e. invitation/ notification of meetings, school events, access to school reports/ assessments etc.)	

Carers Details	
Name of Carer(s)	
How does the Child refer to their Carer(s)	
Carer(s) Contact details (telephone numbers/e-mail addresses):	
Does carer/s have delegated authority? If Yes, attach copy	
Name of Supervising Social Worker: Contact Details:	
Does the child attend respite care? If yes: Name of Carer Address Telephone Number Respite Arrangements	

Care Status	
Care Status	<input type="checkbox"/> Voluntary Accommodated <input type="checkbox"/> Interim Care Order <input type="checkbox"/> Full Care Order <input type="checkbox"/> Other (please specify)
Who holds Parental Responsibility?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Trust <input type="checkbox"/> Other (please specify)
Current Care Arrangements	<input type="checkbox"/> Foster Care <input type="checkbox"/> Kinship Care <input type="checkbox"/> Care Order at Home <input type="checkbox"/> Residential Care <input type="checkbox"/> Other (please specify)

Family Time Arrangements	
Who does the Child have Family Time with? (parent/s, siblings etc)	
When, and at what time, does Family Time take place and with whom?	
Is Family Time supervised, if so, by who?	
Where does Family Time happen? (e.g. family home / social setting)	
How is the Child transported to and from Family Time and by whom?	
How and when is child informed of any Family Time cancellation or rescheduling?	