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**LAC Notification Form (Regulation 41)**

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| Name: |  | Insert recent photograph: |  |
| Other Name(s): |  |
| Date of Birth: |  |
| Placement address and telephone number: |  | Arrival date: |  |
| Departure date: |  |
| Legal status s20 / s21 / s31 etc: |  | Mobile no: |  |
| Staff ratio: |  | Handset IMEI: |  |
| **DESCRIPTION** |
| Ethnic origin: |  | Warning signs: |  |
| Religion: |  | Smokes cigarettes? |  |
| Language(s): |  | Drinks alcohol? |  |
| Birthplace / nationality: |  | Uses drugs?Which drugs? |  |
| Height? |  | Unique jewellery / possessions |  |
| Build: |  | Hair colour |  |
| Eye colour: |  | Accent |  |
| Wears glasses: |  | Marks / scars / tattoos |  |
| **HEALTH** |
| ­­­­­Physical conditions: |  | Mental health conditions: |  |
| Communication difficulties: |  | Other conditions: |  |
| Habits: |  | NHS Number: |  |

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| **RESPONSIBLE LOCAL AUTHORITY** |
| Authority Name: |  | Team responsible: |  |
| OOH / Duty contact no: |  | Case reference: |  |
| **SOCIAL WORKER’S DETAILS** |
| Name: |  | Address: |  |
| Telephone number: |  | Email: |  |
| **SOCIAL WORKER’S TEAM MANAGER DETAILS** |
| Name: |  | Address: |  |
| Telephone number: |  | Email: |  |
| **DOCTOR’S DETAILS** |
| Name: |  | Address: |  |
| Telephone number: |  | Email: |  |
| **CONTACTS - FAMILY** |
| Name:Address:Telephone: |  |
| Name:Address:Telephone: |  |
| **ANY RELEVANT RISK / MISSING HISTORY (ATTACH RISK ASSESSMENTS IF RELEVANT)** |
|  |
| Staff completing: |  | Date form completed: |  |

Once complete please send this form to the relevant local authority:

Leicestershire County: **notificationslac@leics.gov.uk**

Leicester City: **placements.desk@leicester. gov.uk**

Rutland County: **childrensreferrals@rutland.gov.uk**

In all cases, the form should also be sent to the following addresses:

Leicestershire Police: **childreferralteam@leicestershire.pnn.police.uk**

Leicestershire Police: **MPET@Leicestershire.pnn.police.uk**

Health:**lep-tr.FYPClookedafterchildrennotifications@nhs.net**