

## Form 1: CSPR Consideration Request Form

Please complete with as much information as you can and forward to [hsscp@hartlepool.gov.uk](mailto:hsscp@hartlepool.gov.uk) (If it is emailed from a secure email account to a password isn't required).

### N.B. SAFEGUARDING PARTNERSHIP ACTION:

Date received in Business Unit		Safeguarding Partnership Chair Notified of Request	
Rapid Review Meeting Arranged for:		Agencies Notified and Documents Sent Out.	
Date Rapid Review Meeting Recommendation discussed with Chair and decision Reached:			

### THE REFERRER SHOULD COMPLETE ALL OF THE FOLLOWING SECTIONS, PROVIDING AS MUCH INFORMATION AS POSSIBLE.

#### REFERRERS DETAILS

Referrer (Name, Agency and Contact Details)		Authorised by Senior Officer (Name and Contact Details)	
		Date Submitted	

#### CHILD/YOUNG PERSON'S DETAILS

Family Name:		Given Name:		Also known as:	
Dob or expected date of delivery:		Date of Death / Incident:		Male	Female
Home Address (include Postcode):					
Childs Status at time of incident:	Looked After Child	CP Registration	Child in Need	Known to YOT	Not known to Children's Social Care
	Known to Early Help Agencies (State which)				Case Ref / NHS No:
Parent / Carer Details:					
Siblings information if known:					
GP's Name & Address:					

#### ASSOCIATED / RELEVANT OTHER PEOPLE (Non Professional i.e. Extended Family, Friends etc)

Name	AKA (Also known as)	Address if known

#### AGENCIES /PROFESSIONALS INVOLVED

Name	Title	Agency	Contact Details

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### CASE SUMMARY & REASON FOR CONSIDERATION

**Please tick to state what you think is required in the first instance for this case – Consideration of :**

General Discussion	<input type="checkbox"/>	CSPR	<input type="checkbox"/>	Alternative Process (Please include further information below)	<input type="checkbox"/>
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<b>Date of Incident / Death:</b>	<input type="text"/>	<b>Childs Name:</b>	<input type="text"/>
<b>Has a Serious Child Care Incident form been submitted to Ofsted / Child Safeguarding Practice Review Panel?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Identify any other formal notification that has been submitted.</b>	<input type="text"/>		
<i>If yes, please provide a copy of the document</i>	Attached – Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Information provided by (Name, Title &amp; Agency):</b>	<input type="text"/>		

**Please provide brief details of the incident, the agencies involved and why you think the case should be the subject of discussion. If you are aware of any other parallel reviews that will be taking place please make reference to these and who is leading on them.**

### Chronology of Key Significant Events, Actions and Outcomes during the period: **(mm/yy to mm/yy)**

Day(xx)	Month (xx)	Year (xx)	Event / Issue	Outcome	Source of Information

