

Child Information Form

Placement type and address				<div style="border: 1px dashed gray; padding: 20px; width: fit-content; margin: auto;"> <p>Attach photo here</p> </div>
Name and any names the child is known by				
DOB	Age			
Legal status				
Mobile Number				
Phone details		Make: Network: Internet access: Yes <input type="checkbox"/> No <input type="checkbox"/> Contract <input type="checkbox"/> PAYG <input type="checkbox"/>		
Placing Authority				
EDT Number: LA with legal responsibility for the child				
EDT Number: LA where child resides				
Social Worker Name				
Social Worker Contact information				
Passport number				
Social Media Account details				
Key family members, friends and any persons of concern.				
Brief details of any known risks related to the child				
Does the child have a history of going missing				
Record of any places or addresses where the child has been found in the past				
Any other important information including medical needs and any safe adults with whom the child has a trusted relationship.				