****

**SGF6 – Request for Trust Case Review**

|  |  |  |  |
| --- | --- | --- | --- |
| **Request Date** |  | **CPOMS Ref** |  |
| **Request To** |  |
| **Request From** |  |
| **Role** |  |
| **Academy Site** |  |
| **Contact No (Ext)** |  | **Mobile** |  |

|  |
| --- |
| **Details of Young Person** |
| **Name of Child** |  | **Year Group** |  |
| **Gender** | M / F |  |  |
| **Vulnerabilities of Young Person** **(e.g. LAC, Child Protection History, SEND etc…)** |  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Agencies Currently Involved** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Overview of the concern** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **What are you worried about?** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **What do you feel needs to happen?** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Agreed Actions** |

|  |  |  |
| --- | --- | --- |
| **Who** | **What** | **When** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Notes** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Who is responsible for uploading this document to CPOMS:

By when? :