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| NELC logo | SCO logo | Internal Ref: | NELC.02.01.24.00.00.07 |
| Review date | October 2019 |
| Version No. | V01.00 |

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| **NORTH EAST LINCOLNSHIRE PRIMARY CARE TRUST**  **GP’S REPORT TO CHILD PROTECTION CONFERENCE** |
| Note to support on-screen completion: This form is LOCKED. Use TAB or MOUSE to move between required boxes. Type directly into grey box. The field should grow to accommodate your text. Press SPACEBAR or left-mouse to type an ‘x’ in a box when required to make a choice. To complete by hand, unlock the form first. Alter the boxes to the size you will need before printing. |

|  |  |  |
| --- | --- | --- |
| **Name of Child/ren** | | **D.O.B** |
|  | |  |
| **Date of Conference:** |  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Frequency of Contact** | | | | | | | | |
|  | | | | | | | | |
| **Nature of Contact** | | | | | | | | |
|  | | | | | | | | |
| **General Observations** | | | | | | | | |
|  | | | | | | | | |
| **Any Concerns** | | | | | | | | |
|  | | | | | | | | |
| **I am able to attend the child protection conference**  **I am unable to attend the child protection conference** | | | | | | | |
| **Signature** |  | **Date** |  | | | | |
| **Name (printed)** |  | **Base** |  | | | | |
| **The contents of this report been shared with the family?** | | | | **Yes** |  | **No** |  |