

## *Document of Changing Contact Arrangements*

### *A Young Person's Details*

Name(s): \_\_\_\_\_

Date of birth(s): \_\_\_\_\_ Age(s): \_\_\_\_\_

Placement address: \_\_\_\_\_

Please state below what change(s) you would like to make to the arranged referral made on the Date:

\_\_\_\_\_

### *B Placement Details*

If any, what has changed about the placement: \_\_\_\_\_

Carer's name: \_\_\_\_\_

Telephone numbers (home and mobile): \_\_\_\_\_

Address: \_\_\_\_\_

### *C Transporting Arrangements*

If any what arrangements would you like to change: \_\_\_\_\_

\_\_\_\_\_

Has the relevant parties been informed of the proposed changes:

Social worker: ☐ Carer: ☐ Persons having contact: ☐ Contact worker or other: ☐

Who will inform the relevant parties of the intended changes:

Local Authority: ☐ CareOLine: ☐

(Please state person(s) name and when they informed the relevant parties):

\_\_\_\_\_

\_\_\_\_\_

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### ***D Person(s) Attending Contact***

If any what arrangements would you like to change: \_\_\_\_\_

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### ***E Risk Assessment***

If any what are the perceived risk(s) and what provisions have been made:

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### ***F Contact Arrangements***

a) In this section, what arrangements would you like to amend if any and when would you like the arrangements to start: (i.e. Change of social worker, venue, schedule, frequency)

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b) Please state names of person(s) and contact number of whom requesting the above changes or arrangements:

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### ***G Further Information***

Please state any other relevant information we need to know:

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