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| Highland Adult Services |
| Adult Support & Protection Case Conference |



**On request of a Case Conference please read the following and complete the form below.**

* **If a Mental Health Officer is to attend, please ensure, if required, that a referral has been made to the team and confirm their availability to attend.**
* **If any person (e.g. Legal, Consultants, etc.) is essential for the ASP meeting to go ahead they must be consulted prior and dates and times of availability to attend confirmed.**
* **Please provide e-mail addresses. (Necessary for online conference link).**
* **Please confirm if Protected Time for professionals is needed & if so how long the Protected Time period should be. We recommend you discuss this with the Chair or Nominated Officer (Social Work).**
* **Please confirm if the Focus Person is to receive an invite to the meeting & also if the Focus Person is to receive a copy of any minutes. (See check boxes).**
* **If Focus Person is not to be invited/attending, please advise of reason/s why.**
* **PLEASE NOTE: IF FORMS ARE INCOMPLETE WE WILL NOT BE ABLE TO FORWARD TEAMS LINKS AND/OR MINUTES.**

Proposed date of Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Venue:** | Tel: | Contact: | Booked? **Y / N** |

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| **Do you require professional protected time as part of this meeting?** | **Yes  No** | **If Yes, how long do you require the Protected Time period to last?** |  |

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| INVITE LIST: INSTRUCTIONS FOR MEETING | | | |
| **SERVICE USER DETAILS** | | | |
| **Care First No:** |  | **Date of Birth:** |  |

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| **Title** | **First Name** | **Last name** | **Relationship / Designation** | **Address 1** | **Address 2** | **City** | **Postcode** | **Email Address** |
|  |  |  | Focus Person |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Is the Focus Person to receive an invitation?**  **If not, please advise why.** | **Yes  No** | **Is the Focus Person to receive a copy of any minutes/decisions?** | **Yes  No** |

**INVITEES TO MEETING (External Invitees only – POSTAL AND EMAIL ADDRESSES ARE MANDATORY)**

|  |  |  |  |  |  |  |  |  |  |
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| **Title** | **First Name** | **Last name** | **Relationship / Designation** | **Address 1** | **Address 2** | **City** | **Postcode** | **Email Address** | **To attend Protected Time** |
|  |  |  | Family member as appropriate |  |  |  |  |  | Yes  No |
|  |  |  | Advocate as appropriate |  |  |  |  |  | Yes  No |
|  |  |  | Support/care provider as appropriate |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  |  |  |  | Yes  No |

**INVITEES TO MEETING (NHSH/Highland Council/PPU/Housing)**

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| **Title** | **First Name** | **Last name** | | **Relationship / Designation** | | **Email Address** | **To attend Protected Time** | |
|  |  |  | | Nominated Officer Social Work | |  | Yes  No | |
|  |  |  | | Council Officer/ Social Worker | |  | Yes  No | |
|  |  |  | | PPU, Police Scotland | |  | Yes  No | |
|  |  |  | | Nominated Officer Health | |  | Yes  No | |
|  |  |  | |  | |  | Yes  No | |
|  |  |  | |  | |  | Yes  No | |
|  |  |  | |  | |  | Yes  No | |
|  |  |  | |  | |  | Yes  No | |
| Graphics on paperwork: | | | Yes / No | | **Return to:** [**nhsh.adultcarereviewteam@nhs.scot**](mailto:nhsh.adultcarereviewteam@nhs.scot) | | |