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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 |  |  |  |  |  |

|  |  |  |  |
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| **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)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** |