

Notification form for providers of residential holiday schemes for disabled children

Notifying Ofsted

Providers of residential family centres must notify us of any events or incidents.¹ We ask that you use this form to do so. When notifying us please make sure that you always include your URN and full postal address.

Urgent situations

In urgent situations, particularly if there is significant media interest, you may telephone us first on **0300 123 1231** and then complete and return this form.

Completing the form

You can complete the form by hand or on your computer but you must print, sign, and return the form in hard copy to us at:

Notifications
Applications, Regulatory and Contact team
Piccadilly Gate
Store Street
Manchester
M12 WD

You can use the box on the last page if you need more space. We will also accept notifications by letter or on other forms currently being used by providers.

Please consider sending your form by registered mail if it contains sensitive/personal information.

¹ Regulation 26(1) of The Residential Holiday Schemes for Disabled Children (England) Regulations 2013; <http://www.legislation.gov.uk/ukxi/2013/1394/regulation/26/made>. The events to be notified are listed in Schedule 5.

Section A. Personal details

Please add any additional details in Section F

1. Name of residential holiday scheme for disabled children	2. URN SC
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3. Address of the principal office used to carry out the administration of the scheme
Postcode

4. Telephone	5. Fax
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6. Email

7. Details of child(ren) if applicable Please use initials only, and insert more rows if needed.	8. Date of birth
Child 1	
Child 2	
Child 3	
Child 4	

9. Placing authority(ies) if applicable Please insert more rows if needed.	
Child 1	
Child 2	
Child 3	
Child 4	

Section B. Incident details

10. Date of incident	
11. Time of incident	am <input type="checkbox"/> pm <input type="checkbox"/>
12. Location	
13. Cause of death (if applicable/known)	
14. Date of death (if different from above)	
15. Time of death (if different from above)	am <input type="checkbox"/> pm <input type="checkbox"/>
16. Will there be an inquest or post-mortem?	yes <input type="checkbox"/> unknown <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>

17. Details of staff on duty Please use initials only, and insert more rows if needed.	18. Job title

19. Witness names (if applicable) Please use initials only, and insert more rows if needed.	20. Job title or role/relationship/other For example, neighbour/shop assistant/social worker/parent.

Section C. Description of incident

21. Please provide details of the incident

Section D. Notifications

22. Reason for notification – tick as appropriate (✓)	
(a) Death of a resident accommodated by the scheme	<input type="checkbox"/>
(b) Referral of an employee pursuant to section 35 of the Safeguarding Vulnerable Groups Act 2006	<input type="checkbox"/>
(c) Serious illness or serious accident sustained by a child accommodated by the scheme	<input type="checkbox"/>
(d) Outbreak of any infectious disease which, in the opinion of a registered medical practitioner attending children accommodated by the scheme, is sufficiently serious to be notified	<input type="checkbox"/>
(e) Involvement or suspected involvement of a child accommodated by the scheme in sexual exploitation	<input type="checkbox"/>
(f) Serious incident necessitating calling the police to the scheme	<input type="checkbox"/>
(g) Any serious complaint about the scheme or an employee	<input type="checkbox"/>
(h) Instigation and outcome of a child protection enquiry in relation to a child accommodated by the scheme	<input type="checkbox"/>

23. Was the GP called?	yes <input type="checkbox"/>	no <input type="checkbox"/>	not applicable <input type="checkbox"/>
24. Date	25. Time		am <input type="checkbox"/>
			pm <input type="checkbox"/>

26. Were the emergency services called?			
yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>			
27. Service name	28. Date	29. Time	am <input type="checkbox"/>
			pm <input type="checkbox"/>

Other notifications²

30. Placing authority (all)	
31. Date	32. Time am <input type="checkbox"/> pm <input type="checkbox"/>

33. Secretary of State (a only)	
34. Date	35. Time am <input type="checkbox"/> pm <input type="checkbox"/>

36. Local authority (a, c, d and e)	
37. Date	38. Time am <input type="checkbox"/> pm <input type="checkbox"/>

42. Police (e only)	
43. Date	44. Time am <input type="checkbox"/> pm <input type="checkbox"/>

² Refer to the reasons for notification on page 5.

Section E. Outcomes and future actions

44. Outcome of incident

45. Actions to prevent further occurrence

Signed	Print name
Job title	Date

Section F. Further information

46. Use this box if you need more space to provide us with any additional information. Please use people's initials only.