**DEROGATION REQUEST FORM**

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| --- | --- |
| **Centre Details** | |
| **Name** |  |
| **Address** |  |
| **Person in charge & centre manager**  **(incl. email and phone contact details)** |  |
| **Details of Child** | |
| **Name** |  |
| **Date of birth** |  |
| **Current place of residence**  **(and duration if known)** |  |
| **Purpose of Proposed Placement** |  |
| **Proposed length of stay** |  |
| **Intervention required by SW team** |  |
| **Please detail the risks identified & how this placement will manage these** |  |
| **Details of how this centre intends to meet the identified needs of the y/p** |  |
| **Centre model of care and clinical support available to the centre** |  |
| **Please state how this placement is deemed to be an appropriate fit for this young person and on what basis do you feel the placement is viable** |  |

**Relevant contacts for proposed admission**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Email | Address/Area | Telephone |
| **Social worker** |  |  |  |
| **Social Work Team Leader** |  |  |  |
| **Principal Social Worker** |  |  |  |
| **Area Manager** |  |  |  |
| **Guardian ad litem** |  |  |  |
| **Any other relevant contact** |  |  |  |

**Signature**

|  |  |  |  |
| --- | --- | --- | --- |
| **Centre Manager** |  | **Date** |  |
| **Centre Line Management** |  | **Date** |  |

**For completion by the Registration Panel**

**Decision of The Registration Panel**

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|  |  |  |  |
| --- | --- | --- | --- |
| Derogation Officer |  | Date |  |

**Please return completed form to** [**sinead.tierney1@tusla.ie**](mailto:sinead.tierney1@tusla.ie) **or by post to:**

*Inspector Sinead Tierney*

*2nd Floor, Units 4/5*

*Nexus Building,*

*Blanchardstown Corporate Park,*

*Ballycoolin, D15 CF9K*