



## Information Gathering Document

**CHILD DEATH REVIEW TEAM**

**OFFICIAL – SENSITIVE – PERSONAL**

### **REQUEST FOR INFORMATION TO CONDUCT A QUALITY DEATH REVIEW**

- You have been invited to participate in a Child Death Review and we would like to ask you to complete this request for information.
- Could you please provide a timeline of services provided to the Child/Young Person that may be helpful to the Child Death Review Team in collating information leading up to the child/young person's Death
- This is required to be completed within 10 calendar days and sent electronically, to the email address you received this document from.
- Please provide some very initial reflection regarding good practice and any learning points identified.
- Please be reassured that this process should be seen as an opportunity for learning and a supportive team environment. Peer support will be available throughout.

W Number identifier:	
Date request sent:	

Child's Name and Identifier number:	
Date of birth:	
Date of death:	
Age at death:	
Gender:	

#### **Please provide the following information (if known)**

Names of child's parents/carers and dates of birth:	
Names of siblings and dates of birth:	
Child's home address:	

Education establishment details:	
<b><u>Summary of involvement with the child/Young person and family:</u></b>	
Date of Last Contact:	
Reason for last Contact:	
<b>Background history:</b>	

Key practice issues: Please provide information on:

- any good practice identified
- any areas identified for practice improvement

**Parallel processes**

Are you aware of any current or planned reviews being undertaken for this case? If yes, please give details.

Are you aware of any criminal proceedings associated with this case? If yes, please give details.

**Report completed by**

Name

Title

Agency

Email address

Date