



Schedule 4 Form Conference Outline

SIGNS OF SAFETY PRE HEARING CONFERENCE OUTLINE

(This document will not be filed at Court)

1. Purpose of conference at this time for the Department.

2. Name/s of child/ren and date/s of birth:

3. Name of child protection worker and team leader (attending) and Department District Office:

4. Name of Department lawyer:

5. Name of respondents and their lawyers:

6. Is there a child representative for the child/ren? _____. If so, who? _____.

7. List of any risks, harm or dangers that the Department is worried about:

8. List of any strengths or safety the Department knows about:

9. List of what the Department says needs to happen:

10. The Department's short term plans for the child/ren including placement, assessment of relative carers, contact, how the child's/ren's needs will be met:

11. Long term plans for child/ren:

Signed: _____

Dated: _____