

## Multi-Agency Support Panel (MASP) Feedback Form

This form will be returned to the referring agency following a panel meeting

<b>Name of child</b>		<b>DOB</b>	
<b>Address</b>			
<b>School</b>			
<b>Date of referral</b>		<b>Date of panel meeting</b>	
<b>Date of any previous MASP referrals</b>			
<b>Advice/outcome/action details</b>			
<b>Information shared with:</b>			
<b>Panel member feeding back</b>		<b>Date of feedback</b>	
<b>Referrers name</b>			
<b>Organisation</b>			
<b>Telephone</b>			
<b>Email</b>			

This feedback form is providing advice from multi-agency professionals attending the MASP panel based on the information available and shared by the referrer. It is important that referrer ensures ongoing assessment of any safeguarding concerns and continues to follow the organisations safeguarding policies at all times. If there is reasonable cause to suspect a child is suffering or likely to suffer **significant harm**, please refer to Children's Social Care/police.

Children's Social Care 0300 123 6720