

## **EXAMPLE COMPLETED FORM**

### Local Enhanced Claim Form

**Practice Name**   
**Enhanced Service**   
**Period of Claim**   
**If "Other" period selected, please specify:**

Please enter Enhanced Service details below:

<b>Component Number/Part</b>	<b>Activity</b>
Number of Case conferences that occurred (whether report sent or not)	10
Number of Case Conference reports sent (1 per conference)	9
Number of Child Safeguarding summaries sent (1 per child)	17
<b>Activity / Patient sub-total</b>	<b>36</b>
<b>Total claim (£)</b>	

#### **Quarterly Assurance statement**

Please confirm that all staff have the correct level of safeguarding training, as per 'Safeguarding children and young people: roles and competences for health care staff – Intercollegiate document. 3rd Edition'. This may be audited on quality assurance visits.

Quarter 4
Yes

#### **Please confirm the name of the Safeguarding Lead and Deputy Lead:**

**Safeguarding Lead**   
**Safeguarding Deputy Lead**

As per the LES Guidance, there is a requirement for practices to return the Quarterly assurance state no claim is being made for the LES.



















