EXAMPLE COMPLETED FORM

Local Enhanced Claim Form

Practice Name	AB Surgery	
Enhanced Service	Safeguarding	
Period of Claim	Quarter 4 2018-19	
If "Other" period selec	cted, please specify:	
Please enter Enhanced	d Service details below:	
Cor	mponent Number/Part	Activity
Number of Case confe	rences that occurred (whether report sent or not)	10
		9
Number of Case Confe	erence reports sent (1 per conference)	J
		17
~	uarding summaries sent (1 per child)	
Activity / Patient sub-	total	36
Total claim (£)		
Quarterly Assurance s		
	staff have the correct level of safeguarding training,	Quarter 4
	hildren and young people: roles and competences for	
	ercollegiate document. 3rd Edition'. This may be	Yes
audited on quality assu	urance visits.	
Please confirm the na	me of the Safeguarding Lead and Deputy Lead:	
Safeguarding Lead	Dr Jane Smith, GP	
Safeguarding Deputy L		

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.

Child Protection Case Conferences

Please enter details of all case conferences that occurre

£ Payable
0
270
85
£355.00
_

ement even if

Date of Child	Postcode of	
Protection	main	Initial or Review
Conference	residence	Conference?
02.01.2019	SN7 9DF	Initial Conference
03.01.2019	SN4 8DF	Review Conference
05.01.2019	SN10 9FD	Initial Conference
10.01.2019	SN11 9SG	Initial Conference
18.01.2019	SN15 1DF	Review Conference
25.01.2019	SN5 8DF	Initial Conference
07.02.2019	SN2 3DF	Review Conference
14.02.2019	SN4 8DF	Initial Conference
20.02.2019	SN4 7DF	Initial Conference
25.02.2019	SN3 9DF	Review Conference
		Please Select

Please Select
Please Select

ed in the period of the claim, whether or not information was submitted, as per the Safeguarding L

One multi-agency case conference	If the multi-agency case conference	
report submitted in advance of the	report was not submitted please	NHS Number
conference as per LES guidance?	state the reason	(Child 1)
Yes		154 154 1234
Yes		154 785 4987
No	Email request missed by admin	
Yes		475 789 4511
Yes		165 587 9654
Yes		807 452 6574
Yes		123 985 4567
Yes		215 356 5478
Yes		954 245 6825
Yes		354 652 6587
Please Select		

Please Select	
Please Select	
2.2.9.00.000	

NHS Number (Child 2)	NHS Number (Child 3)	NHS Number (Child 4)	NHS Number (Child 5)	NHS Number (Child 6)	NHS Number (Child 7)
578 454 1234					
365 542 5675	804 579 8794	548 946 3467			
245 364 2519					
457 847 0135					
428 451 7319					
312 579 6431					

l			

NHS Number (Child 8)
-