**Professional Challenge / Outcome Resolution Notice**

**THIS DOCUMENT MUST BE SENT/STORED SECURELY**

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| --- | --- |
| **Date of Notification** |  |
| **Name of Child/Young Person** |  |
| **D.O.B** |  |
| **NHS Number/ P Number** |  |
| **Outcome Resolution Notice Completed by:** |
| **Name**  |  |
| **Role** |  |
| **Agency/Team** |  |
| **Contact Details**  |  |
| **Notification has been sent to:** | 1.2. cc’d in sscp@salford.gov.uk  |
| **Summary of disagreement**  |
|  |
| **Evidence of the informal challenge that has taken place at stages 1-2 and the outcome of this challenge** |
|  |
| **Desired outcome for the child and / or family. Please include details of what it is your are requesting happens as a result of this challenge** |
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| --- | --- | --- |
| **Stage** | **Date Outcome Resolved** | **Supporting Evidence**Embed written confirmation between parties about the agreed outcome |
| **Stage 3** |  |  |
| **Stage 4** |  |  |