

## Notification Stage 1 Practitioner to Practitioner

All Stage 1 Resolutions should be resolved within 1 working day

Date	
Name of professional	
submitting resolution	
Agency	
•	
•	
-	
you have raised resolution	
with	
Agency	
Further agency details	
•	
, ,	
children this escalation	
relates to)	
Date of Birth	
<b>Current Level of Need</b>	
ICS Number (if known)	
NHS Number (if known)	
Any additional comments	
	Name of professional submitting resolution  Agency  Further agency details (For education please provide type of school; For health please include who you are employed by)  Contact Details  Name of professional who you have raised resolution with  Agency  Further agency details  Contact Details  Contact Details  Child/Family Name (Please state how many children this escalation relates to)  Date of Birth  Current Level of Need ICS Number (if known)  NHS Number (if known)