



CDOP Identifier (Unique identifying number)

Form A - Notification of Child Death

Notification to be reported to CDOP Manager at:

Email:

Tel:

Fax:

The security of any system for transferring the information on these forms must be clarified and agreed with the Caldicott guardian.

If there are a number of agencies involved, liaison should take place to agree which agency will submit the Notification.

Date of Referral: / /

Name of referrer

Agency:

Address:

Tel No:

E-Mail

Details Of Agency Contacts

(please note that it is the notifying agency's responsibility to clarify these details)

Agency	Address and Tel No	Agency Report	
		Requested (date)	Received (date)
GP		/ /	/ /
Midwife/ Health Visitor/ School nurse		/ /	/ /
Paediatrician		/ /	/ /
Police		/ /	/ /
Children's Social Care		/ /	/ /
School/ nursery etc		/ /	/ /
Others (please list all agencies known to be involved)		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /

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Child's Details

Full Name of Child

Any aliases

DOB

NHS No.

Address

Postcode

School/nursery etc

Date & time of death

Time

Other Significant Family & Household Members

Full Name	DOB	Relationship	Full Address
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

N.B. Pages 1-2 can be removed for the purposes of anonymising the case. Pages 3-5 should be made available with Form B to the child death overview panel.

Child's Details

Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Age (yy/mm/dd)	/ /	Indicate if estimated <input type="checkbox"/> Estimated <input type="checkbox"/> Confirmed
Ethnic group	<input type="checkbox"/> White	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any Other White background <input type="checkbox"/> Traveller of Irish Heritage <input type="checkbox"/> Gypsy/Roma
	<input type="checkbox"/> Mixed	<input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other mixed
	<input type="checkbox"/> Asian or Asian British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian
	<input type="checkbox"/> Black or Black British	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other black background
	<input type="checkbox"/> Chinese or other ethnic group	<input type="checkbox"/> Chinese <input type="checkbox"/> Any other, specify
	<input type="checkbox"/> Not known/ not stated	
Immigration Status	<input type="checkbox"/> Asylum seeker <input type="checkbox"/> Refugee status <input type="checkbox"/> Exceptional leave to remain	

Details of the death:

Location of death or fatal event *

Death certificate issued?	Yes/No	
<i>For neonatal deaths Any known cause of death as specified on the death certificate?</i>	a. Main diseases or conditions in infant b. Other diseases or conditions in infant c. Main maternal diseases or conditions affecting infant d. Other maternal diseases or conditions affecting infant e. Other relevant conditions	
<i>For deaths of children aged over 28 days Any known cause of death as specified on the death certificate?</i>	Ia Ib Ic II	
<i>Death expected?</i>	<input type="checkbox"/> Expected <input type="checkbox"/> Unexpected	
<i>Reported to Coroner</i>	Yes/No	Date: / /
	Yes/No	Name:
<i>Reported to Registrar</i>	Yes/No	Date: / /
	Yes/No	Name:
<i>Post mortem examination</i>	Yes/No	Date: / /
	Yes/No	Venue:

* place where the child is believed to have died, or where the event directly leading to death occurred. For example, if a child is involved in a road traffic accident, and is resuscitated but subsequently dies, the location of death should be recorded as the site of the collision, rather than the hospital where the child's death was confirmed

Notification Details:

Please outline circumstances leading to notification. Also include if any other review is being undertaken e.g. internal agency review; any action being taken as a result of this death.

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Level of review	<input type="checkbox"/> Notification only
	<input type="checkbox"/> General review
	<input type="checkbox"/> In depth review
	<input type="checkbox"/> Serious Case Review
	<input type="checkbox"/> Perinatal Review
	<input type="checkbox"/> Other
Date of local case discussion	/ /
Date discussed at panel	/ /