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| **Professional Challenge and Resolution Template** |
| Name: |  |
| D.O.B: |  |
| Address:  |  |
| Name of Professional and email contact details of the person escalating a concern |  |
| Role and Agency: |  |
| Name(s) of other professionals involved: (Including DSPP Members where appropriate) Role and Agency: |  |

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| Current level of need  |  |
| Please indicate perceived level of need: |  |
| Stage of Process: | Stage 1 |  | Stage 2 |  | Stage 3 |  | Stage 4 |  |
| Brief details of agency disagreement (including agreed outcomes) |  |
| Date of discussion / Meeting re disagreement:  |  |
| Methodology used to resolve conflict:  |  |
| Disagreement resolved at:Level:Date: |  |

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| Please indicate lessons learned from this disagreement resolution (e.g. Individual agency review of procedure, requirement for staff training, further understanding of thresholds and Levels of Need); |  |
| Please identify any further actions taken by your agency following the resolution of this issue:  |
| Actions taken:  | By whom:  | Date completed:  |
|  |  |  |
|  |  |  |
| Form completed by:  |  |
| Date:  |  |