**Outcome/Feedback Template**

**Creation/Output Date:**

**ISL Reference Number:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Referring Agency ID Number** | **Name** | **Surname** | **Date of Birth** | **Address** |
|  |  |  |  |  |

**Other Persons/Addresses:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Surname** | **Address** | **Date of Birth** | **Relationship** |
|  |  |  |  |  |
|  |  |  |  |  |
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| --- | --- | --- |
| **Reason for Referral** | **Outcome** | **Rationale** |
|  | <display menu options from : Section 42 decision/Section 47 decision/NFA/CIN/EH |  |