**Foster Carer Matching Form**

|  |
| --- |
| **Foster Carer’s details**  |
| **Foster carer name/s** |  |  |  |
| **Foster carer’s address** |  |  |  |
|  |  |
| **Currently approved for** |  |
| **Date form completed** |  |
| **Name of person/s completing this document** | **Role** |
|  |  |
|  |
| **Summary of Family:****(to include – make up of family/household; family lifestyle including regular visitors to the home; details of home/accommodation; experience of caring for children; health; identity; support network; impact of employment/any changes/ notice period; likes/dislikes, activities and interests)** |
|   |
| **How could another child in placement affect any birth children/children already in placement? How can any concerns be mitigated?** |
|  |
| **Matching details:** |
| 1. **Analysis of what the family could/could not manage taking into account families strengths, area’s for development and previous fostering experience/skills**
 |
|  |
| 1. **What age/s and gender would be and would not be most appropriate including analysis of how reached this conclusion including birth childrens needs and any current child in placement.**
 |
|  |
| 1. **Ability to transport child to school/contact.**
 |
|   |
| 1. **Interests that the family could involve a child in and any activities that could be a challenge.**
 |
|  |
| 1. **Cultural, religious or language or considerations.**
 |
|   |