**Foster Carer Matching Form**

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| **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** | |
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| **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)** | | | | |
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| **How could another child in placement affect any birth children/children already in placement? How can any concerns be mitigated?** | | | | |
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| **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** | | | | |
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| 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.** | | | | |
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| 1. **Ability to transport child to school/contact.** | | | | |
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| 1. **Interests that the family could involve a child in and any activities that could be a challenge.** | | | | |
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| 1. **Cultural, religious or language or considerations.** | | | | |
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