**BUCKINGHAMSHIRE COUNCIL FOSTERING PANEL**

**FRONT SHEET FOR CONNECTED PERSONS/**

 **REQUEST FOR REGULATION 25 EXTENSION**

The purpose of this document is to alert Assessing (Family & Friends) Social Workers and Children’s Social Workers to the reports that need to be submitted to the Fostering Panel within the agreed timescale. You are requested to advise your Team’s Business Support Officer (BSO), of the location of the completed and signed reports, who will then copy the folder over to the Panel BSO.

**Date of Fostering Panel:**

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| --- |
| **Contact number:** |
| **Name of Foster Carer:** |  |  |
| **Name of Foster Carer:** |  |  |
| **Name of Assessing (F&F) Social worker: (ASW)** |  |  |
| **Name of ASW Line Manager:** |  |  |
| **Name of Child/ren’s Social Worker (CSW)** |  |  |
| **Name of CSW Line Manager:** |  |  |
| **The Social Workers and Foster Carers will not be required to attend for this case discussion.** |
| Name/s and DOB/s of the children placed/to be placed:Child 1: DOB:Child 2: DOB:Child 3: DOB: |
| **The Fostering Regs/Schedule 3:** **Essential Checks and References** | **Please note whether these are available at this stage of the assessment: Yes/No** |
| 1. A DBS Enhanced Certificate for each member of the household aged 18 and over + any related risk assessments required.
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| 1. A medical report from each applicant’s GP
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| 1. A minimum of 2 written-up reference interviews per applicant – one family member, plus one other
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| Plus:1. Local Authority checks
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| 1. Probation checks
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| 1. Ex-partner references, if relevant
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| 1. Medical Advisor comments
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| **Reports/appendices required for the Fostering Panel:** | **Submitted? Y/N N/A** |
| 1. The Initial Viability Assessment (IVA), with Nominated Officer decision, signature and date
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| 1. Completed Reg 25 extension request report, signed by the assessing Family & Friends SW, and their supervising manager
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| 1. Previous Bucks Fostering Panel minutes, if applicable
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| **If any additional information/reports have been provided for the Panel, please note these in the box below:** | Y/N |
|  |
| ***Please note that by signing below, you are confirming that the Reg 25 extension report has been proof-read, signed & dated, and shared with the child/ren’s allocated Social Worker.***F&F SW: Signed: Date:PRINT: F&F SW Manager signed: Date:PRINT |