**Temporary Foster carers who wish to withdraw.**

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| --- | --- |
| Name of Foster Carers |  |
| Name of Child(ren) placed in their care |  |
| Reason the Foster carers no longer wished to be assessed |  |
| In light of the information available is this considered to be the most appropriate and safe home for the child(ren) | \*Please provide facts and evidence. |
| What alternative options can be considered? | \*Please note this will not be presented to fostering panel as the carers have withdrawn from the assessment process. |
| What date will this placement become unregulated | \*Please note if this placement will become unregulated agreement will need to be sought Via assistant Director (please refer to Tri-X policy). |
| Name of FFAST representative completing this form |  |
| Date sent to the Children Social Worker |  |

\*Please forward this to the child social worker and if appropriate the legal representative.