

**PRIVATE FOSTERING**

**Consent for CAFCASS Checks**

I/we hereby give my/our consent for any relevant information regarding myself/ourselves to be disclosed to CAFCASS in relation to Private Foster Carer approval.

**Applicant 1**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Surname |  |
| Previous Names |  | DOB |  |
| Current Address |  | Previous Address (covering 5 years) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Place of Birth | Nationality | Religion | Ethnic Origin |
|  |  |  |  |

**Applicant 2**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Surname |  |
| Previous Names |  | DOB |  |
| Current Address |  | Previous Address (covering 5 years) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Place of Birth | Nationality | Religion | Ethnic Origin |
|  |  |  |  |

**Signatures**

Applicant 1 ………………………………………………… Date …………………………………

Applicant 2 ………………………………………………… Date …………………………………

**Please return this form by any of the following methods**

* Via you Social Worker
* By post or hand deliver to Children’s Social Care at any of the below offices
	+ Sir Henry Mitchel House, 4 Manchester Road, Bradford, BD5 0QL
	+ Keighley Town Hall, Bow Street, Keighley, BD21 3PA
	+ Farcliffe Family Centre, 56 Toller Lane, Bradford, BD8 8HQ
* By secure e-mail to childrens.enquiries@bradford.gov.uk