

**CHILDREN AND FAMILIES SERVICES**

**Private Fostering**

**Children Act 1989**

**The Children (Private Fostering) Regulations 2005**

**Private fostering agreement**

**This agreement should be completed when a Private Fostering arrangement is made. It is good practice if all who need to sign the form meet together to do so.**

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| **Social Workers involved with the child(ren)** | | | |
| Children(s) Social Worker: |  | Consultant Social Worker: |  |
| Name: |  | Name: |  |
| Telephone number: |  | Telephone number: |  |
| Email address: |  | Email address: |  |
| **Any other professionals involved with the child:** | | | |
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| Start date or proposed start date of arrangement: |  |
| Proposed end date: |  |

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| **This is an agreement about the care of the following child(ren)** | | | | | | | |
| Name of child |  | DOB |  | Ethnicity |  | Religion |  |
| Name of child |  | DOB |  | Ethnicity |  | Religion |  |
| Name of child |  | DOB |  | Ethnicity |  | Religion |  |

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| **Private foster carer(s) details:** | | | |
| Name: |  | Name: |  |
| DOB: |  | DOB: |  |
| Former names: |  | Former names: |  |
| Address: |  | Address: |  |
| Ethnicity |  | Ethnicity |  |
| Religion |  | Religion |  |
| Telephone number: |  | Telephone number: |  |
| Email address: |  | Email address: |  |
| **Other members of the household:** | | | |
| Name |  | DOB |  |
| Name |  | DOB |  |
| Name |  | DOB |  |
| **Sleeping arrangements for the child** | | | |
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| **Birth parent(s) details:** | | | |
| Mother: |  | Father: |  |
| DOB: |  | DOB: |  |
| Former names: |  | Former names: |  |
| Address: |  | Address: |  |
| Ethnicity |  | Ethnicity |  |
| Religion |  | Religion |  |
| Telephone number: |  | Telephone number: |  |
| Email address: |  | Email address: |  |

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| **Does anyone else hold Parental Responsibility for the child(ren)** YES / NO |
| If yes, please provide details (ie: name, how Parental Responsibility obtained) |
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| **Education** | | | |
| Name of school attended by the child(ren) | |  | |
| Person to contact at school | |  | |
| Is there an EHCP or any additional support in place | |  | |
| How will the child get to and from school | | | |
|  | | | |
| I/We agree to work together to support the child(ren) to achieve their full potential in pre-school / school / college. | | | |
| I/We agree to the Private Foster Carer giving permission for the child(ren) to attend school trips and after school clubs. | | | YES / NO |
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| **Health** | | |
| Name of GP & GP Practice |  | |
| Name of Health Visitor |  | |
| Name of Dentist Practice |  | |
| Name of Opticians |  | |
| Does the child(ren) have any diagnosed health conditions? If so how is it managed | | |
|  | | |
| Is the child undergoing any tests of investigations? If so please provide details and dates of any appointments | | |
|  | | |
| Does the child have any allergies or dietary requirements? If so please provide details | | |
|  | | |
| Any other health information the parent(s) consider relevant | | |
|  | | |
| I/We agree to the Private Foster Carer named above arranging the following medical treatment for the child(ren) named above | | |
| Emergency examination and treatment (including anesthetic) | | YES / NO |
| Routine examination and treatment (including immunization) | | YES / NO |
| Administration of prescribed and/or over the counter medication | | YES / NO |

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| **Contact with parents, siblings, extended family and other significant people** |
| Who are important to the child(ren) |
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| How will the children be supported to maintain a relationship with these people |
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| **Finances** |
| I/We the child(ren)’s birth parent(s) agree to making the following contribution to our child(ren)’s care. This could be in the form of pocket money or a regular weekly payment. |
|  |
| I/We the Private Foster Carer(s) will apply for Child Benefit/Universal Credit/Disability Living Allowance for the child (if applicable) – please indicate which |
|  |
| What, if any, time limited financial support will be provided by the Local Authority |
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| **Record any additional agreements below** |
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| **Agreement Signatures** | | |
| I/We agree that we will always listen to the views and feelings of the child and engage in the Private Fostering Arrangement Assessment Record | | |
| **I/we the private foster carers, agree to look after the above child(ren) as member(s) of our own family:**  **I/we agree to our child(ren) named above to be cared for by the carer(s) named above:** | | |
| Signed Private Foster Carer |  | Date |
| Signed Private Foster Carer |  | Date |
| Signed (parent or person with parental responsibility) |  | Date |
| Signed (parent or person with parental responsibility) |  | Date |

|  |  |  |
| --- | --- | --- |
| **This agreement will be reviewed on** | | |
| Date | Time | Venue |

**Private Foster Carers Agreement**

I/we agree to:-

a. Promote the welfare of the child(ren) we Privately Foster.

b. Permit any person authorised by Bristol City Council to visit the child(ren) at any time.

c. To ensure any information, which I/we may obtain relating to the child(ren), his/her family or any other person, which has been given to me/us in confidence in connection with our role as their private foster carer, is kept confidential and is not disclosed except to or with the agreement of Bristol City Council.

d. To inform Children and Young Peoples Services if there are any changes to our address.

e. To inform Children’s Services of any changes to the composition of the home

f. To inform Children’s Services of any further criminal investigation, cautions, convictions, reprimands, warnings or disqualification or prohibition from Private Fostering relating to any person residing in the home

g. To inform Children’s Services if there are any significant changes which may affect our capacity to care for the child(ren); examples could include loss of job, serious illness, bereavement.

g. To inform Children’s Services if a child is removed from our care by court order.

h. To inform Children’s Services if we cease to Privately Foster the child(ren)

**Private Foster Carers:**

Signed: …………………………………………….. Dated: ………………………………

Name: ………………………………………………

Telephone number ………………………………. e-mail address: ……………………

Signed: …………………………………………….. Dated: ………………………………

Name: ………………………………………………

Telephone number: ………………………………. e-mail address: …………………