

Northamptonshire County Council

Private Fostering

Notification, Agreements & Consent

*This form should be completed by the parent or guardian of the child, who wishes to notify Northamptonshire’s Children and Families Services of a Private Fostering Arrangement and the proposed private foster carers. Both Parent and Private Foster Carer to sign the form.*

**Child/Young Persons/Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Family Name** |  | **First Name** |  | |
| **Address** |  | | | |
| **Contact Tel No’s** |  | **Place of Birth** |  | |
| **Email address** |  | | | |
| **Date of Birth** |  | **Gender** | |  |
| **Ethnicity** |  | **Religion** | |  |
| **Main language** |  | **Interpreter required** | |  |
| **Client category** |  | **Immigration status** | |  |
| **Disability** |  | **Legal status** | |  |

**Details of Parents and Legal Guardians/Person with Parental Responsibility & Siblings**

**(Relationship Types of Mother, father, Step Mother, Step Father, anyone with PR or Principal Carer)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name** |  | | |
| **Address** |  | | |
| **Telephone number** |  | **Date of Birth** |  |
| **Relationship to the child** |  | **Immigration status** |  |
|  | | | |
| **Full name** |  | | |
| **Address** |  | | |
| **Telephone number** |  | **Date of birth** |  |
| **Relationship to the child** |  | **Immigration status** |  |
|  | | | |
| **Full name** |  | | |
| **Address** |  | | |
| **Telephone number** |  | **Date of Birth** |  |
| **Relationship to the child** |  | **Immigration status** |  |
| **Name & current address of any brothers and sisters under 16 years of the child & details of who is caring for them:** | | | |

**Details of Professionals Involved**

|  |  |
| --- | --- |
| **School Attended (Child)** |  |
| **Contact Person/Designation** |  |
| **Address** |  |
| **Telephone/Email contact** |  |
| **Name of GP** |  |
| **Address** |  |
| **Contact number** |  |
| **Health visitor/School Nurse** |  |
| **Address** |  |
| **Contact number** |  |
| **Other (detail)** |  |

**Details of Proposed Private Foster Carers and household**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | | **Date of Birth:** | |  |
| **Name:** |  | | | | | **Date of Birth:** | |  |
| **Relationship of proposed foster carers to the child:** | | | | |  | | | |
| **Immigration status:** | |  | | | | | | |
| **Current Address:** | |  | | | | | | |
| **Contact numbers:** | |  | | | | | | |
| **Previous addresses for the last 5 years (including postcodes):** | | | | | | | | |
| **Others in household**  **Name** | | | | **Date of birth** | | | **Relationship to carer** | |
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| **It is necessary to obtain references in respect of any person(s) who is privately fostering or proposing to privately foster.** | | | | | | | | |
| **Please provide names, addresses and phone numbers of two people per person over the age of 16, who know you well and will act as referees.**  **The referees will be visited in the course of the assessment (relatives are not acceptable).** | | |  | | | | | |
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| **Please provide names of professionals involved with you and your family, eg School, health visitor etc** | | |  | | | | | |

**Declaration in respect of Private Fostering**

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| --- | --- | --- | --- | --- |
| **To be completed by all members of the household aged 16 years and over** | **Person 1** | **Person 2** | **Person 3** | **Person 4** |
| **Have you ever been prohibited from keeping a child or children in your home?** |  |  |  |  |
| **Have you ever been refused or had cancelled registrations as a childminder or of any premises used for the provision of day care?** |  |  |  |  |
| **Have you ever been convicted of any offence against a child?** |  |  |  |  |
| **Have you ever had a child removed form your care by order of any court?** |  |  |  |  |
| **Have you ever had your rights and duties with respect of any child vested in a local authority?** |  |  |  |  |
| **Have you ever been disqualified from acting as a foster parent?** |  |  |  |  |
| **If yes to any of the above, please supply details and circumstances** | | | | |
| **Section 70(1)(a) of the Children Act 1989, provides that a person who makes any statement in this notice or information which he knows to be false or misleading shall be guilty of an offence and liable to a fine not exceeding £2000. I have checked the details recorded in this section of the form and confirm that they are correct. I agree to the local authority arranging for the police records to be checked for any previous convictions.** | | | | |
| **Signed** |  |  |  |  |
| **Date** |  |  |  |  |

**Details of the arrangements**

|  |  |
| --- | --- |
| **What is the date on which the Private Fostering Arrangement started?**  **Or intended start date?** |  |
| **Reason for the Private Fostering Arrangement** | |
| **What is the expected duration of this Private Fostering Arrangement** |  |
| **Please state the name and address of the person with whom the child was staying if different from the parent/s before this proposed Private Fostering Arrangement:** | |
| **Name of address of any person other than parent or guardian involved in making the Private Fostering Arrangement (whether directly or indirectly):** | |
| **What are the financial arrangements for the care and maintenance of the child agreed between parents and carers? This includes issues of funding for school trips, activities etc.** | |
| **What are the arrangements for contact between the child and their parent/s, siblings or other family**  **members?** | |
| **How will decisions be made for the day to day care of the child, including attendance at school meetings, etc.** | |

**Consent of Parent/s or Person with Parental Responsibility**

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| --- | --- |
| **I authorise** (Name of Carer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **to care for my son/daughter** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **in a private fostering arrangement.** | |
|  | |
| **I consent to Northamptonshire Children and Families Services undertaking checks in respect of this arrangement in accordance with the Private Fostering Regulations 2005.** | |
|  | |
| **I consent to Northamptonshire Children and Families Services undertaking visits to my son/daughter whilst in this placement.** | |
|  | |
| **I agree to notify Northamptonshire Children and Families Services of any change in my circumstances or of these arrangements.** | |
| **During the duration of the Arrangements, if it is necessary for** (child) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **to undergo routine and emergency medical treatment, I hereby authorise the Private Foster Carer/s,** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **to be able to consent to such treatment, which includes:** | |
| **Routine immunisation and dental treatment** | **Yes / No** |
| **Health and dental check ups** | **Yes / No** |
| **Developmental checks** | **Yes / No** |
| **Additional check ups, examinations, tests or minor procedures specifically recommended by the doctor or dentist with whom the child is registered** | **Yes / No** |
| **In an emergency, major medical and dental treatment and/or surgery recommended by a registered doctor or dentist, including the administration of an anaesthetic** | **Yes / No** |
| **The Private foster carer must consult with us (person or persons with parental responsibility) if major treatment is necessary for** (child) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **except in an emergency when we should be informed as soon as possible.** | |

**Signature of parent/s or person with parental responsibility Date**

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**Consent of Private Foster Carers**

|  |  |  |  |
| --- | --- | --- | --- |
| **I** | **(Name of Carer)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **agree to care for** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **in a** |
| **private fostering arrangement.** | | | |
|  | | | |
| **I consent to Northamptonshire Children and Families Services undertaking checks in respect of this arrangement in accordance with the Private Fostering Regulations 2005.** | | | |
|  | | | |
| **I consent to Northamptonshire Children and Families Services undertaking visits to** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **in my home.** | | | |
|  | | | |
| **I agree to notify Northamptonshire Children and Families Services of any change in my circumstances or of these arrangements.** | | | |

**Signature of private foster carer/s Date**

|  |  |
| --- | --- |
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**If you have an allocated social worker, please return this form them.**

**If you do not yet have an allocated social worker, please return to:**

**Customer Service Centre: Children’s Social Care**

**John Dryden House**

**Northampton**

**NN4 7YD**