**Children’s Safeguarding & Specialist Services and Early Help**

**Fostering Matching Report**

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| 1. **1. Child(ren) (include all siblings being placed together on one form):**

**Name: DOB:** | **Date Foster Carers approved:** |
| **2. Needs of child(ren) in future placement** | **Proposed placement can offer/accept/cannot offer** |
| 3. Sibling placement required (how many together) |  |
| **4. Religious considerations (if any)** |  |
| **5. Ethnicity** |  |

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| **6. Culture/language** |  |
| **7. Geographical considerations (if any)** |  |
| 8. Any needs relating to locality/neighbourhood/ extended family/support networks – rural or semi-rural setting |  |
| 9. Any needs relating to number of parent figures/ages |  |

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| 10. Any needs relating to Accommodation/ Financial/Practical |  |
| 11. Preference of other children in family or place as only child |  |
| **12. Parenting – type/skills/personality** |  |
| **13. Hobbies/Interests** |  |
| **14. Lifestyle/Type of Household preferred** |  |
| **15. Health needs/Physical appearance** |  |
| 16. Background/Genetic Considerations/ Difficulties |  |
| **17. Any Disability/Special Needs** |  |
| **18. Educational needs/expectations** |  |
| **19. History of abuse/neglect (specify type)** |  |
| 1. **Behavioural problems/treatment**
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| **21. Contact (type, frequency and with whom)** |  |
| **22. Parental Views and Wishes** |  |

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| **23. Past Placement** **Fostering History** **Placement Moves** |  |
| **24. Child’s wishes (if applicable)**. |  |
| **25. Date of Placement and with whom:** |  |
| **26. Other****27. Date:** **……………………………………………..****28. Date:** **…………………………………………….** | **Signed:** **…………………………………………………** **Child’s Social Worker****Signed:****…………………………………………………..** **Fostering Social worker** |