To be completed by child’s Social Worker with birth parent(s)/relative(s)

OFFICIAL USE LETTERBOX Reference:

|  |  |
| --- | --- |
| Birth name of child: |  |
| Child’s DOB: |  |
| **Name of birth parent(s)/relative(s):****DOB of birth relative:** |  |
| **Relationship to child:** |  |
| **Address of birth parent(s)/relative(s):****Post Code:** |  |
| **Telephone numbers:** |  |
| **Email Address:** |  |

**LETTERBOX TO BE RECEIVED:**

|  |  |
| --- | --- |
| **I/We understand we will receive:** |  |
| **During the months of:** |  |
| **Special arrangements:** |  |

**LETTERBOX TO BE SENT:**

|  |  |
| --- | --- |
| **I/We will provide:** |  |
| **During the months of:** |  |
| **Special arrangements:** |  |

**NAME(S) TO BE USED IN LETTERBOX CORRESPONDENCE – (Please note all letters should be an adult to adult exchange)**

|  |  |
| --- | --- |
| Birth parent(s)/relative(s) will be known as in correspondence:  |  |
| Adopter(s) will be known as in correspondence: |  |

|  |
| --- |
| Has the birth parent(s)/relative(s) been provided with Adoption West Letterbox Information leaflet? YES /NODoes a referral for support for birth parent/relative need to be made?YES /NO |
| Additional information: |

|  |  |
| --- | --- |
| Signature(s) of birth parent/relative(s): | ………………………………………………………………………………………………………………………………………………………………………………………..Date: |
| Signature of Child’s Social Worker: | …………………………………………………………………………………………..Date: |