To be completed by adoptive parent(s) with support of child’s Social Worker

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| **Birth name of child:** |  |
| **Child’s DOB:** |  |
| **Name of Adoptive Parent(s):** |  |
| **Address of Adoptive Parent(s):**  **Post Code:** |  |
| **Telephone number(s):** |  |
| **Email Address:** |  |

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| **How often will direct contact take place:** |  |
| **Month(s) contact will happen:** |  |
| **Venue that contact will take place:** |  |
| **How long with contact last:** |  |
| **Is contact to be supervised by AW support team:** | YES /NO |
| **Birth family parties involved in contact & relationship to child (names, addresses and contact numbers, email to be included):** |  |

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| **Birth parents and birth relative(s) will be known as:** |  |
| **Adoptive parent(s) will be known as**: |  |
| **Has the child’s name changed when adopted and are the birth relatives aware of change?**  **Child’s name to be used in correspondence:** | **YES / NO** |

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| **Have the adoptive parent(s) been provided with Adoption West Direct Contact Information leaflet? YES / NO** |
| **Additional information/risks/comments that AW support team need to be aware of:** |

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| **Signature(s) of adoptive parent(s):** | ……………………………………………………………………………………………  …………………………………………………………………………………………..  Date: |
| **Signature of Child’s Social Worker:** | …………………………………………………………………………………………..  Date: |