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

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

|  |  |
| --- | --- |
| **How often will direct contact take place:** |  |
| **Month(s) contact will happen:** |  |
| **Venue that contact will take place:** |  |
| **How long will contact last:** |  |
| **Is contact to be supervised by AW support team:** | YES /NO |
| **Who will be involved in contact:** |  |

**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 during contact:**  |  |
| **Adopter(s) will be known as during contact:** |  |
| **Child will be known as:** |  |

|  |
| --- |
| **Has the birth parent(s)/relative(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:** |

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