**PLEASE KEEP ALL DETAILS ON THIS FORM CONFIDENTIAL & COMPLETE FORM IN FULL PRIOR TO ADOPTION ORDER BEING GRANTED AND RETURN WITH AGREEEMENT FORMS TO THE RELEVANT AW HUB**

New agreement requests to be completed by child’s Social Worker:

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| **CHILD’s DETAILS**  Birth name of child: |  |
| Adoptive name of child: |  |
| Date of birth: |  |
| Date of adoptive placement: |  |
| Estimated date of Adoption Order: | **PLEASE NOTIFY ADOPTION WEST HUB OF ORDER WHEN GRANTED.** |
| **ADOPTIVE PARENT(S) DETAILS**  Adoptive parent(s) name(s):  Address:  Email:  Telephone number(s): |  |
| Name and DOB of sibling(s) being placed with these adopters (if also involved in this contact): |  |
| **PARTIES TO AGREEMENT**  Name of other sibling(s) for direct contact & if Child in care/Adoption order/Special Guardian order in place:  Names of birth relative(s) & relationship: |  |
| **PROFESSIONALS**  Name of child’s Social Worker:  Address:  Email address:  Telephone number: |  |
| Name of Adopter’s Social Worker:  Address:  Email address:  Telephone number: |  |
| Name of child in care child’s Social Worker (if applicable)  Name:  Address:  Email:  Telephone: |  |
| Name of Independent Reviewing Officer (if applicable):  Address:  Email:  Telephone number: |  |
| Detail reasons and any risks for consideration for the direct contact arrangements: |  |
| Venue for contact to take place?  To be supervised by the AW support team?  How long with the contact last for? | YES/ NO |
| Disabilities/Additional support needs in relation to contact:  Expenses agreed (if applicable): |  |
| Has a meeting taken place between adopters and birth parents?  Settling in letter completed? | YES/NO  YES/NO |
| Forms completed for all parties & attached: | YES/NO (if no please send once all completed or details reasons why not). |
| Date of completion of agreement: |  |