**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/NOYES/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: |  |