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

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: |  |
| **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: |  |
| **PARTIES TO AGREEMENT**Name of other sibling(s), dob for Letterbox contact & if child in care/adoption order/special guardian order in place:Names of birth relative(s), DOB & 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 for why the contact agreements have not been signed by all parties:(ex. Birth parent would not engage) |  |
| Disabilities/Additional support needs in relation to contact agreement: |  |
| Has a meeting taken place between adopters and birth parents?Settling in letter completed? | YES/NOYES/NO |
| Would you like the adoption team to FUP on getting the contact agreement completed:IF **YES** above please completed the details of what was agreed for contact & date to FUP | YES/NO **(if yes complete below details & reasons why).** |