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

OFFICIAL USE – Letterbox reference:

|  |  |
| --- | --- |
| Birth name of child: |  |
| Child’s DOB: |  |
| **Name of Adoptive Parent(s)/Special Guardian(s):** |  |
| **Address of Adoptive Parent(s)/Special Guardian(s):****Post Code:** |  |
| **Telephone numbers:** |  |
| **Email Address:** |  |
| Birth name of adopted sibling exchange with: |  |
| Child’s DOB: |  |
| **Name of Adoptive Parents exchange with:** |  |

|  |  |
| --- | --- |
| **I/We will provide:** |  |
| **During the month/s of:** |  |
| **Special arrangements:** |  |

|  |  |
| --- | --- |
| **I/We understand we will receive:** |  |
| **During the month/s of:** |  |

**NAMES TO BE USED IN LETTERBOX CORRESPONDENCE – (Please note all letters should be an adult to adult exchange)**

|  |  |
| --- | --- |
|  Adoptive parent(s) sending will be known as in exchanges:  |  |
|  Adoptive parent(s)/Special Guardian(s) receiving will be known as in exchanges:  |  |

|  |
| --- |
| Have the adoptive parent(s)/Special Guardian(s) been provided with Adoption West Letterbox Information leaflet and sample letters? **YES / NO** |
| Additional information/comments: |

|  |  |
| --- | --- |
| Signature(s) of adoptive parent(s)/Special Guardian(s): | ………………………………………………………………………………………………………………………………………………………………………………………..Date: |
| Signature of Child’s Social Worker: | …………………………………………………………………………………………..Date: |