To be completed by child’s Social Worker & signed by carers

OFFICIAL USE – LETTER BOX reference:

|  |  |
| --- | --- |
| Birth name of child: |  |
| Child’s DOB: |  |
| **Name of Social Worker:** |  |
| **Address of Social Worker:****Post Code:** |  |
| **Telephone numbers:** |  |
| **Email Address:** |  |

|  |  |
| --- | --- |
| **Name of Foster carer:****Address:****Email:****Telephone number:** |  |
| **Name of Fostering Social Worker:****Address:****Email:****Telephone number:** |  |
| **Name of IRO:****Address:****Email:****Telephone number:****Copy of agreement sent to IRO:** | YES/NO |
| **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 parents will be known as in exchanges:  |  |
|  Carers will be known as in exchanges:  |  |

|  |
| --- |
| Have the adoptive parents been provided with Adoption West Letterbox Information leaflet and sample letters? **YES / NO** |
| Additional information/comments: |

|  |  |
| --- | --- |
| Signature(s) of carer(s): | ………………………………………………………………………………………………………………………………………………………………………………………..Date: |
| Signature of Child’s Social Worker: | …………………………………………………………………………………………..Date: |