|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of fostering service**  **STAGE 2 BRIEF REPORT TO FOSTERING PANEL** | |  | | | | | | | | | | | |
| **Address** | |  | | | | | | | | | | | |
| **Telephone number** | |  | | | | | | | | | | | |
| **Assessing social worker** | |  | | | | | | | | | | | |
| Team manager | |  | | | | | | | | | | | |
| **Date of application** | | | | | |  | | | | | | | |
| **Date assessment process started** | | | | | |  | | | | | | | |
| **Date Stage 1 of assessment completed** | | | | | |  | | | | | | | |
| **Date of decision to complete a Brief Report** | | | | | |  | | | | | | | |
| Reason for any delay and details of any problems encountered | | | | | | | | | | | | | |
| **Approval sought** | | | | | | | | | | | | | |
| *Give details of the type of fostering, number and ages of children that the applicant is seeking to foster* | | | | | | | | | | | | | |
|  | | | | | | | | Applicant 1 | | | | Applicant 2 | |
| First Name | | | | | | | |  | | | |  | |
| Last Name | | | | | | | |  | | | |  | |
| Known as | | | | | | | |  | | | |  | |
| Date of birth | | | | | | | |  | | | |  | |
| Gender | | | | | | | |  | | | |  | |
| Address | | | | | | | |  | | | |  | |
| Telephone number | | | | | | | |  | | | |  | |
| Email address | | | | | | | |  | | | |  | |
| **RELATIONSHIP** | | | | | | | |
| Relationship status | | | | | | | |  | | | |  | |
| Length of partnership | | | | | | | |  | | | |  | |
| **HERITAGE AND IDENTITY** | | | | | | | |
| Ethnicity | | | | | | | |  | | | |  | |
| Language spoken at home | | | | | | | |  | | | |  | |
| Religion | | | | | | | |  | | | |  | |
| Practising or nominal? | | | | | | | |  | | | |  | |
| Registered disabled?  If yes, please give details | | | | | | | | Yes  No | | | | Yes No | |
| **Children living in household** | | | | | | | | | | | | | |
| **Name** | | | | **Gender** | | | **Date of birth** | | | **Relationship to applicant(s)** | | | |
|  | | | | Male  Female | | |  | | |  | | | |
|  | | | | Male  Female | | |  | | |  | | | |
|  | | | | Male  Female | | |  | | |  | | | |
|  | | | | Male  Female | | |  | | |  | | | |
| **Other adults living in the household** | | | | | | | | | | | | | |
| **Name** | | | | **Gender** | | | **Date of birth** | | | **Relationship to applicant(s)** | | | |
|  | | | | Male  Female | | |  | | |  | | | |
|  | | | | Male  Female | | |  | | |  | | | |
|  | | | | Male  Female | | |  | | |  | | | |
| **Applicant(s) children not living in the household** | | | | | | | | | | | | | |
| **Name** | **Date of birth** | | **Gender** | | **Address** | | | | **Relationship to applicant(s)** | | | | **Regularity of visits** |
|  |  | | Male  Female | |  | | | |  | | | |  |
|  |  | | Male  Female | |  | | | |  | | | |  |
|  |  | | Male  Female | |  | | | |  | | | |  |
| **Details of any deceased children** | | | | | | | | | | | | | |
| **Name** | | | **Gender** | | **Date of birth** | | | | | | **Date of death** | | |
|  | | | Male  Female | |  | | | | | |  | | |

**ASSESSMENT WORK COMPLETED**

Briefly summarise the sections of the assessment which have been undertaken. How many interviews with the applicant have been undertaken? Detail both strengths and vulnerabilities of the applicant. How have the concerns been addressed with the applicants?

REASONS FOR CONCLUDING THE ASSESSMENT EARLY

Analyse the reasons the assessment should not be continued. Why do the vulnerabilities outweigh the strengths? State explicitly the reasons that the applicant is unlikely to be considered suitable to become a foster carer. Include a formal recommendation to cease the assessment.

Applicants must be given sight of the Brief Report and 10 working days to comment on the report. Any comments should be included in this section, or added as separate sheets.

COMMENTS FROM APPLICANT(S)

DATE APPLICANT PROVIDED WITH COPY OF REPORT

WRITTEN COMMENTS MADE

YES/NO

SIGNATURE OF FOSTERING MANAGER

Name……………………………………………………………………………

Signature……………………………………………………………………………….Date………………………………

COMMENTS OF FOSTERING MANAGER

SIGNATURE OF ASSESSING SOCIAL WORKER

……………………………………………………………………………Date……………………………………..

SIGNATURE(S) OF APPLICANT(S)

We have been given the Brief Report and the opportunity to make comments or submissions to the Fostering Panel

Applicant 1 Applicant 2

Date Date