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**CHILD CARE DIVISION**

**CONSENT TO STATUTORY CHECKS**

THIS FORM NEEDS TO BE COMPLETED WITH THE SOCIAL WORKER.

|  |  |
| --- | --- |
| Type of Assessment required. (Please tick) | |
| Prospective Adopters Report (PAR) |  |
| Form F Assessment |  |
| Connected Persons Assessment |  |
| Special Guardianship Order |  |
| Other i.e initial assessment (please specify); |  |

|  |  |
| --- | --- |
| Agreed date for a SGO Support Plan Meeting (to be held in 4th/5th week) |  |

|  |  |  |
| --- | --- | --- |
|  | **Applicant 1** | **Applicant 2** |
| Surname |  |  |
| Previous Name(s) |  |  |
| Forenames |  |  |
| Address |  |  |
| Email Address |  |  |
| Telephone No |  |  |
| Date of Birth |  |  |
| Working Status |  |  |

## CHILDREN OR OTHER ADULTS IN THE HOUSEHOLD

**All applicants 18+ will require a DBS check**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Gender | Date of Birth | Ethnic Origin | Relationship to Applicant |
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## CHILDREN/ ADULT CHILDREN RESIDING ELSEWHERE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and address | Gender | Date of Birth | Ethnic Origin | Relationship to Applicant |
|  |  |  |  |  |
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**GENERAL PRACTIONERS**

Applicant 1 Applicant 2

|  |  |  |
| --- | --- | --- |
| Name |  |  |
| Address |  |  |
| Telephone No |  |  |

**CONSULTANT (if you have been referred to a consultant please give details below)**

Applicant 1 Applicant 2

|  |  |  |
| --- | --- | --- |
| Name |  |  |
| Address (including department referred to) |  |  |
| Telephone No |  |  |

**CURRENT EMPLOYER(S)**

**IF YOU ARE NOT IN WORK, OR SELF-EMPLOYED, PLEASE ENTER DETAILS FOR YOUR LAST EMPLOYER**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
| Address |  |  |
| Telephone No |  |  |
| Contact Person |  |  |
| Job Title |  |  |
| Start Date    End Date of last employment |  |  |
| Annual Salary |  |  |
| Payroll/Cheque No |  |  |
| National Insurance No |  |  |

CURRENT OR PREVIOUS EMPLOYMENT, VOLUNTARY WORK OR OCCUPATION INVOLVING CHILDREN OR VULNERABLE ADULTS ONLY

**APPLICANT 1**

| Name and address of employer or organisation and contact person. | Dates employed (Start and End Date) |
| --- | --- |
|  |  |
|  |  |
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**APPLICANT 2**

| Name and address of employer or organisation and contact person. | Dates employed (Start and End Date) |
| --- | --- |
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**Applicant 1 and Applicant 2 :**

**Have you ever applied to become a foster carer, adopter or child minder (or early years provider)**; Yes / No

If yes, please complete the below:

|  |  |  |
| --- | --- | --- |
| **Name of Agency/Local Authority** | **Date if application or enquiry** | **Outcome of the enquiry or application** |
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| --- | --- | --- | --- | --- |
| **References from your children’s schools and school nurse will be taken as part of the assessment process.** | | | | |
| **Child’s Name** | **D.O.B.** | **Name of School or Educational Establishment and contact details** | **Year** | **Person to Contact** |
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**NOMINATED REFEREES**

Referees should be able to comment on your parenting skills and experiences and ideally observed you caring for children. If you had no direct experience in caring for children; your referees should commnet on your capacity to care for children.You should nominate people who can comment on your skills, experiences and attitudes in an informed manner. Try to nominate people who have known you at different periods of your life. If you find this difficult, please discuss with your Social Worker. Please note; nominated referees cannot be your employers or your ex partners. They will be approached

**We require:**

**3 references** to be completed on a Prospective Adopters Report (PAR); two non –family members and one family member.

**3 references** to be completed on an SGO assessment (two non –family members and one family member).

**2 references** to be completed for a Form F or a Connected Persons Assessment (one referee **MUST** be a non-family member)

Referees must be known to the applicant for a minimum of 5 years (please speak to the Social Worker for additional support)

**\*\* None of the above referees should be birth chidlren.**

**Referees must not be the applicants ex-partner or their employers.**

**Reference 1**

|  |  |
| --- | --- |
| Name  Address  Contact Number | |
| Relationship to Applicants: | How long have you known this person (please give dates) |

**Reference 2**

|  |  |
| --- | --- |
| Name  Address  Contact Number | |
| Relationship to Applicants: | How long have you known this person (please give dates) |

**Reference 3**

|  |  |
| --- | --- |
| Name  Address  Contact Number | |
| Relationship to Applicants: | How long have you known this person (please give dates) |

**Ex- Partner Details (Please provide details of significant ex- partner’s)**

|  |  |
| --- | --- |
| **Applicant 1** | **Applicant 2** |
| Name  Address  Contact Number  Dates you were with this partner | Name  Address  Contact Number  Dates you were with this partner |
| Name  Address  Contact Number  Dates you were with this partner | Name  Address  Contact Number  Dates you were with this partner |

**Previous Addresses (From 18 years of age)**

|  |  |  |
| --- | --- | --- |
| **Dates** | **Address** | **Local Authority** |
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**Landlord reference**

**If renting current property – please provide details of your Landlord /Letting Agency**

|  |  |
| --- | --- |
| Name of Landlord /Letting Agency |  |
| Address |  |
| Contact Number |  |

**DECLARATION**

|  |  |  |
| --- | --- | --- |
| I / We certify that to the best of our knowledge and belief, the above information is correct.  I / We authorise Children’s Trust to make any enquires to obtain references which are relevant to this enquiry, including references from the Department of Health, DBS , my/our Doctor, the Probation Service, our current Local Authority, any previous Local Authorities, OFSTED and my/our employers; previous fostering agencies/local authorities. | | |
| **SIGNATURES (including everyone in household aged 16 and over, including children and adults noted as other significant people visiting the property):** | | |
| **Name** | **Signature** | **Date** |
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**PLEASE NOTE; THIS FORM NEEDS TO BE COMPLETED IN FULL, OTHERWISE IT MAY DELAY THE ASSESSMENT PROCESS.**

**PLEASE REMEMBER TO COMPLETE APPENDIX WITH PREVIOUS ADDRESSES AND RETURN TO: -**

Sandwell Children’s Trust Headquarters

Wellman Building

Dudley Road

Oldbury

West Midlands

B69 3DL

Tel: 0121 569 2200