**Friends and Family Assessment and Support Team**

**2nd Floor**

**Block 6**

**Bearlands Wing**

**Shire Hall Complex**

**Gloucester**

**GL1 2JU**

To Whom it may concern

I / We, …………………………………………………………………………….…………(Print Name)

Of…………………………………………………………………………………….. (Print address)

**Confirm that I/We wish to withdraw our application to be considered as a/as potential carer/s for**

Name of child(ren):

DOB:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date