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| **NORTH SOMERSET COUNCIL** |

**PROPOSED CARER**

**SCREENING FORM**

***All references within this Report to “child” include reference to “children”.***

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| **SUBJECT CHILDREN** | **FULL NAME(S)** | **DATE OF BIRTH** | **GENDER** |
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| **PROPOSED CARER(S)** | **FULL NAME(S)** | **DATE OF BIRTH** |
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| **SURNAME** |  |
| **FORENAMES** |  |
| **DATE OF BIRTH** |  |
| **ADDRESS** |  |
| **TELEPHONE NUMBER** |  |
| **MOBILE TELEPHONE NUMBER** |  |
| **EMAIL ADDRESS** |  |
| **RELATIONSHIP WITH CHILD** |  |

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| --- | --- |
| **LOCAL AUTHORITY ADDRESS AND POST CODE** |  |

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| **AUTHOR’S DETAILS** | |
| **NAME** |  |
| **POSITION** |  |
| **QUALIFICATIONS AND EXPERIENCE** |  |

**SECTION A: THE CHILD**

**CHILD’S DETAILS**

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| **Where is the child currently living?** |
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| **Does the child have an existing relationship with the proposed carer/s?** |
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| **Where the child has an existing relationship with the proposed carer/s, what is the nature of that relationship, how long has it existed and what is the frequency of contact?** |
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| **What is the current care plan for the child?** |
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| **What legal processes, if any, are in place? (e.g. Child Protection, Pre-proceedings, care proceedings, private law proceedings)** |
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| **Is this assessment directed by the Court?** |
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**SECTION B: PROPOSED CARER/S**

**SCREENING CHECKS**

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| **Please outline the checks completed with each relevant agency, providing dates and any issues arising:** | | |
| **AGENCY** | **DATE OF CHECK** | **OUTCOME** |
| **Local Authority (please identify which area)** |  |  |
| **Police** |  |  |
| **Health** |  |  |
| **School** |  |  |

**SCREENING INFORMATION**

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| **Have the proposed carer/s had any previous social care involvement? If yes, please provide a brief outline and dates.** |
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| **Have the proposed carer/s had any history of substance misuse? If yes, please provide a brief outline and dates.** |
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| **Have the proposed carer/s had any history of police involvement? If yes, please provide a brief outline and dates.** |
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| **Have the proposed carer/s had any history of domestic abuse either with their current or any previous partner/s? If yes, please provide a brief outline and dates.** |
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| **Have the proposed carer/s had any mental or physical health issues or concerns? If yes, please provide a brief outline and dates.** |
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| **Please provide detail of the proposed carer/s current partner and relationship, including any information concerning their partner which may be relevant to their ability to care for the child.** |
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| **Do the proposed carer/s understand that any assessment of them will be on the basis of their ability and willingness to provide long term or permanent care to the child throughout their childhood?** | |
| **YES** |  |
| **NO** |  |

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| **Please set out any risks related to visits to the proposed carer/s property.** |
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| **Please provide details of any other household members** | | |
| **PERSON 1** | **FULL NAME** |  |
|  | **DATE OF BIRTH** |  |
|  | **RELATIONSHIP TO PROPOSED CARER** |  |
| **PERSON 2** | **FULL NAME** |  |
|  | **DATE OF BIRTH** |  |
|  | **RELATIONSHIP TO PROPOSED CARER** |  |

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| **Do any of the other household members have any convictions that the proposed carer/s are aware of? If yes, give details and dates.** |
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| **Following an initial inspection of Children’s Social Care records and the information known to the case holder is there a realistic chance that the applicant/s would be suitable to care for the child?** | |
| **YES** |  |
| **NO** |  |

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| **Is a Viability Assessment in respect of the proposed carer recommended?** | |
| **YES** |  |
| **NO** |  |

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| **If a Viability Assessment is not recommended, please provide reasons.** |
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**SIGNATURES**

I have written this report from my reading of the Children’s Social Care records and from my own personal knowledge. I believe that the facts stated in this report are true.

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| **Signed** |  |
| **Print Name** |  |
| **Position** | Social Worker |
| **Date** |  |

|  |  |
| --- | --- |
| **Signed** |  |
| **Print Name** |  |
| **Position** | Team Leader |
| **Date** |  |