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| **NORTH SOMERSET COUNCIL** |

**ASSESSMENT MONITORING FORM**

**KEY DETAILS**

|  |  |  |
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| **PROPOSED CARER 1** | **SURNAME** |  |
|  | **NAME** |  |
| **PROPOSED CARER 1** | **SURNAME** |  |
|  | **NAME** |  |

|  |  |
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| **DATE OF FOSTERING PANEL** |  |

**DOCUMENTATION**

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| **DOCUMENT** | | **COMPLETED (Y/N)** |
| Kinship fostering assessment | |  |
| Special Guardianship Addendum form | |  |
| Family tree/Genogram | |  |
| Ecomap / Support Network | |  |
| Chronologies | Addresses |  |
|  | Work |  |
|  | Education |  |
| Medical report – carer | |  |
| Medical report - child | |  |
| Health and Safety Questionnaire | |  |
| Safer Caring Policy | |  |
| Pet Questionnaire(s) | |  |
| Personal references (x 3) | |  |
| Personal references Questionnaire | |  |
| DBS checks for all adults over 16 years | |  |
| OLA Checks | |  |
| North Somerset Council Social Care checks | |  |
| Health Visitor (where applicable) | |  |
| School references (where applicable) | |  |
| Employer’s reference | |  |
| Voluntary work reference (where applicable) | |  |
| Former partner’s reference | |  |
| Adult children’s references (please specify number) | |  |
| Financial assessment | |  |
| Applicants observations of the report (signature sheet) | |  |

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| **Please explain any gaps in information** |
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| **Signed** |  |
| **Print Name** |  |
| **Position** | Social Worker |
| **Date** |  |