

**Fostering For Adoption - Referral Form**

**To be completed by the child’s social worker when requesting a**

**Fostering for Adoption Placement**

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| **Name of social worker making referral:**  **Team name/location and contact details** |  |
| **Name of team manager:** |  |

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| **Name/s of child or children being referred** |  |
| **DOB (or estimated DOB)** |  |
| **Geographical location of immediate birth family** |  |
| **Geographical location of extended birth family** |  |
| **Geographical location of significant other** |  |
| **Names of prospective carers** | **(to be completed by ACE)** |
| **Location of prospective carers** | **(to be completed by ACE)** |

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| **Why is an early permanence care plan appropriate in this case?** |  |
| **Are any of the following applicable? [Tick boxes]** | **[ ] Ongoing/recent drug and/or alcohol misuse**    **[ ] Previous care proceedings**  **[ ] Relinquished Child** |
| **Legal position (including proposed plans)**  **Provide dates of any court hearings or legal planning meetings known at current time** |  |
| **What is the Guardian’s view of this proposed early permanence placement?** |  |

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| **Child’s needs:** |  |
| **Are there any known or expected disabilities?**  **If yes, provide details** |  |
| **Are there any additional health needs?**  **If yes, provide details** |  |
| **Provide details of any medical or genetic issues known about birth parents** |  |
| **Are there any specific needs for this child in relation to ethnicity, culture, language or religion?**  **If so, specify** |  |
| **Brief physical description of parents. e.g. height, hair colour , build, etc.** |  |
| **Brief physical description of child or children** |  |
| **Pre birth/pre placement experiences (including description of birth family lifestyle)** |  |
| **Safeguarding needs – are there any identified risk factors?**  **If yes, outline risks and contingency plans** |  |
| **Does this child/children have any other siblings?**  **Have any siblings on maternal or paternal side been adopted?**  **If so, provide details** |  |
| **Are there any specific birth family wishes regarding the early permanence family?** |  |
| **Do the birth parents wish to meet the FfA carers prior to placement?**  **If yes, has this been risk assessed?** |  |
| **Any views of significant others that should be known?** |  |
| **Are there any identified connected persons who could potentially care for the child?**  **Please attach a current genogram and include details of how each family member has been considered.** |  |
| **Have all viability assessments been completed?**  **If no, what is the timescale for these and who is still being considered?** |  |
| **Are there any special skills required of the FfA carers?** |  |
| **What are the contact arrangements for birth parents or any siblings? If not known, what is being proposed?**  **Where will contact take place?**  **Will arrangements be made for contact handovers to be completed by contact centre workers?** |  |

**Referral form to be sent to:**

**ACE Operations Manager:**

[**jemmafordham@aceadoption.com**](mailto:jemmafordham@aceadoption.com)

**ACE Team Manager:**

[**hazelhoward@aceadoption.com**](mailto:hazelhoward@aceadoption.com)

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