

**Addendum to Foster Carer’s Report**

**The Disclosure of Adoption Information (Post-Commencement Adoptions) Regulations 2005**

In 2014 the above regulations were implemented. This means that when an adopted person reaches the age of 18 they can request access to information held within their Child’s Permanence Report, and information held in electronic/paper files, by relevant agencies about her/his background prior to her/his adoption. It is important that we obtain your consent for this information to be shared in the future, if a request for access to the information is received.

This agreement form will be held on the child’s files; which includes both the adoption file and social care files.

**N.B.** Please be aware, when you are completing the table below, of the difference between *identifying and non-identifying information*, as records may include both.

*Identifying information* for example, would include such details as names, residential addresses, birth dates and telephone numbers so that the adopted adult could identify you from the information they receive. However please note that the agency has the discretion whether to proceed or not in sharing this information.

*Non-identifying information* relates to various other background information that would be commonly exchanged, for example progress at school, holidays, etc. but the adopted adult would not be given identifying details.

|  |  |
| --- | --- |
| Name of foster carer |  |
| Address |  |
| Telephone number/s |  |
| E-mail address |  |

I understand that [Child’s name and DOB] may request to access their records and

I have discussed with the Adoption Social Worker the range of information that may be requested and the circumstances in which future contact may be made. I therefore agree to the following (please circle the appropriate answer):

|  |  |
| --- | --- |
| I am willing for identifying information to be given to the adopted person about me and my involvement with, and relationship to them. | Yes / No  |
| I am willing for non-identifying information about me to be passed on to the adopted person. | Yes / No |
| I am willing for my contact details to be given to the adopted person.  | Yes / No |
| I want contact to be made with me first by the adoption agency/adoption support agency before I make a decision to have my details given to the adopted person. | Yes / No |
| I am willing to be contacted by the adopted person.  | Yes / No |
| I am willing to be contacted by the adoption agency/adoption support agency on behalf of the adopted person. | Yes / No |

Name……………………………………………………………………………………

Signature ………………………………………………………………………………

Date…………………………………………………………………………………….

Witnessed by (insert name and job title)……………………………………………

…………………………………………………………………………………………..

Signature ………………………………………………………………………..……..

Date…………………………………………………………………………………….