**ADOPTIVE PARENTS CONTACT AGREEMENT FORM**

CHILDREN’S SOCIAL WORKER: This is to be completed by the second adoption review in order to ensure that contact is maintained with birth family members.

ADOPTERS: Please read the following carefully ensuring you understand your contact agreement terms and conditions. If there is any aspect that you would like to discuss further, please contact the child’s social worker, your Social Worker or Letterbox Coordinator.

**THIS FORM WILL NOT BE SHARED WITH BIRTH RELATIVES.**

|  |  |  |
| --- | --- | --- |
| CHILD’S BIRTH NAME | CHILD’S ADOPTIVE NAME | DATE OF BIRTH |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Full Names of Adoptive Parent(s):**  ***First names will be used when corresponding with birth relatives*** |  | **Preferred**  **Contact**  **Method**  **(tick)** |
| **Address:** |  |  |
| **Email Address:** |  |  |
| **Home/Mobile no:** |  |  |
| **Local Authority:** | **Coventry / Solihull / Warwickshire / Worcestershire / Herefordshire** *(please circle)* |  |
| **Social Worker:** |  |  |
| **Date Child Placed:** |  |  |
| **Additional Info:** |  |  |

**AGREEMENT TERMS AND CONDITIONS**

This is an agreement between you and:

|  |  |  |  |
| --- | --- | --- | --- |
| Participant 1 | Relationship to child | Months to send contact. | **Our letterbox exchange will consist of** *(please tick):*   * Video clips * Voice Recording * Email * Letter * Child’s artwork * Cards * Photographs * Other (specify) |
| Participant 2 | Relationship to child | Months to send contact. | **Our letterbox exchange will consist of** *(please tick):*   * Video clips * Voice Recording * Email * Letter * Child’s artwork * Cards * Photographs * Other (specify) |
| Participant 3 | Relationship to child | Months to send contact. | **Our letterbox exchange will consist of** *(please tick):*   * Video clips * Voice Recording * Email * Letter * Child’s artwork * Cards * Photographs * Other (specify) |

If photos and video clips are to be shared with birth family members are these to be

**SENT TO BIRTH FAMILY 🞎**

**VIEWED AT THE OFFICE** **🞎**

Birth relatives will be sending in news you for in the month of …………………… and ………………….(add more dates if required).

**NB** The Letterbox Co-ordinator will automatically send you a reminder letter the month before the agreed month(s) of exchange.

If we do not receive communication from you during the exchange month the Letterbox Co-ordinator will send out a prompt letter at the end of the month. If a letter is still not received the Letterbox Co-ordinator will contact, you to offer support.

I/We understand that:

* The exchange of letters is between the adults in the first instance, not the children, though this may change in future if appropriate. It is recognised that birth family members may address the letter to the child. Adoptive parent(s) will make the judgement as to; when/how the information is shared with the child/ren and if they become involved with letter writing.
* All letters will be opened and read by the Letterbox Coordinator before being passed on and copies of the letters/emails etc will be kept on the contact file available to the child when they turn 18.
* If the letterbox correspondence contains anything which is felt to be inappropriate the sender will be contacted by the Letterbox Coordinator with an offer of assistance to make any necessary changes.
* It is my responsibility to contact the Letterbox Coordinator if any of my/our personal information including contact details change and I/we understand that failure to do so may have an impact on receiving correspondence.

I/we agree that I/we would like to be contacted:

* If a close family member, known to the child dies, or are diagnosed as suffering from any serious medical condition which is or may be genetically linked.
* If any children are born who will be the child’s full or half brother or sister.

I/we agree to contact the Letterbox Coordinator:

* If the child/ren should develop a serious illness which may be genetically linked.
* If the child/ren should die.

I/we give permission:

* For the child/ren to view the copies of my/our letters on their Letterbox file should they request to at the age of 18.

The purpose of this agreement is to maintain links between the adopters and child’s birth family. This arrangement is a serious undertaking, and we are aware that there have been instances where, following the breakdown of post-adoption contact arrangements, birth relatives have been successful in an application to the courts for an order enforcing a similar arrangement.

This agreement can be reviewed through ACE at any time to meet the needs of the child.

As a child approaches their 17th birthday (or before if appropriate) the Letterbox coordinator will review with you if you and your child wish for letterbox to continue post their 18th birthday.

Print Name: …………………………….………………………………………………… (Adoptive Parent)

Signed: ……………………………………………………………………………………

Print Name: …………………………….………………………………………………… (Adoptive Parent)

Signed: ……………………………………………………………………………………

Date: …………………………………