**PLEASE KEEP ALL DETAILS ON THIS FORM CONFIDENTIAL & COMPLETE FORM IN FULL PRIOR TO ADOPTION ORDER BEING GRANTED AND RETURN TO LETTERBOX TEAM**

New agreement request to be completed by child’s Social Worker:

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| **CHILD’s DETAILS****Birth name of child:** |  |
| **Adoptive name of child:** |  |
| **Date of birth:** |  |
| **Date of adoptive placement:** |  |
| **Estimated date of Adoption Order:****OR****Date of Adoption Order:** |  |
| **ADOPTIVE PARENT(S) DETAILS – inc:**Adoptive parent(s) name(s):Address:Email:Telephone number(s): |  |
| **Name and DOB of sibling(s) being placed with these adopters:** |  |
| **PARTIES TO AGREEMENT**Name/s & contact details of birth relative/s & relationship: | **Exchange:**

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| **PROFESSIONALS****Name of child’s Social Worker:**Address:Email address:Telephone number: |  |
| **Name of Adopter’s Social Worker:**Address:Email address:Telephone number: |  |
| **Name of child in care child’s Social Worker (if applicable)**Name:Address:Email:Telephone: |  |
| **Name of Independent Reviewing Officer (if applicable):**Address:Email:Telephone number: |  |
| **Detail reasons and any risks for consideration for these Letterbox arrangements:** |  |
| **Disabilities/Additional support needs in relation to contact agreement:** |  |
| **Has a meeting taken place between adopters and birth parents?****Settling in letter completed?** |  |
| **Forms completed for all parties & attached:** | *The Letterbox Team will deal with the Letterbox Agreement forms* |
| **Date of completion of this form:** |  |