**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:

|  |  |
| --- | --- |
| **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:**   |  | | --- | |  | |
| **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:** |  |