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| --- | --- |
| *Name of foster carer(s)*Street nameTown or cityCountyPOSTCODE | **Your ref:** \***Our ref:** PF/18**Enquiries to:** contact name here**Email:** name@northumberland.gov.uk**Tel direct:** (00000) 000000**Date:** 00 Month YYYY |

**The Children Act 1989**

**Private Arrangements for Fostering Regulations 1991**

**Name of child: DoB:**

**Name of Parents:**

**Address:**

Dear

I am pleased to inform you that your application to privately foster the above child has been approved.

Northumberland Children’s Services will provide advice and support to this arrangement. If you would like to discuss any of the placement details, you may contact your Social Worker .................. at the address below or by telephone …….

Please note that the Social Worker is required to visit the child's home at regular intervals. This should be done at least every 6 weeks during the first year of placement and at least every 3 months in the second and subsequent years of the placement.

If there are changes to your household composition or any other matters which will affect the welfare of *(child's first name)..............,* or this arrangement is to cease, you are required to notify the Department without delay.

Yours sincerely

Team Manager