|  |  |
| --- | --- |
| *Private Fosterers Name*  Street name  Town or city  County  POSTCODE | **Your ref:** \*  **Our ref:** AA/123  **Enquiries to:** contact name here  **Email:** name@northumberland.gov.uk  **Tel direct:** (00000) 000000  **Date:** 00 Month Year |

Dear *Insert Name*

# **Children Act 1989 – Private Fostering**

Further to notification received by this department of your intention to privately foster (name of child/ren) I enclose some information explaining the legal context and requirements.

The department has a duty to ensure the suitability of such arrangements. As part of the assessment we must conduct a variety of checks with other agencies. In order to do this we need your signed consent and that of any person in your household over 16 years of age.

A social worker will visit you in order to undertake the necessary assessment and to provide you with further information.

I would, in the meantime, ask you to return the enclosed forms and return them to the address below:-

**PF1** Carers Application for Private Fostering

**PF6** Declaration Form

## **PF8** Authorisation to Seek References

Your co-operation in this matter is appreciated.

Yours sincerely

Team Manager

Locality Team