|  |  |
| --- | --- |
| Director of Education/Health/Probation  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 YYYY |

Dear

**THE CHILDREN ACT 1989**

**CHILDREN FOSTERED BY PRIVATE ARRANGEMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Mother** |  | **Date of birth** |  |
| **Maiden Name** |  |  |  |
| **Name of Father** |  | **Date of birth** |  |
| **Address** |  | | |
| **Previous address** | 1. | | |
|  | 2. | | |
|  | 3. | | |

|  |  |
| --- | --- |
| **Name and address of GP** |  |
| **Schools attended** |  |

The above named have applied to this Department to privately foster a child. I would be pleased to know whether or not they are known to you and if there is any reason why they should not be accepted as carers.

A Form PF8, signed by the applicants authorising disclosure of information, is enclosed.

Yours sincerely

Team Manager