|  |  |
| --- | --- |
| A N Other  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**

**Private Arrangements for Fostering Regulations 1991**

|  |  |
| --- | --- |
| **Name of Child** |  |
| **Date of birth** |  |
| **Address** |  |

Further to your application to privately foster the above named child, I am writing to inform you that after careful consideration the Council intends to impose the following requirements:

|  |  |
| --- | --- |
| **Nature of Requirement (s)** | **Reason for Requirement(s)** |
|  |  |

If you disagree with the requirement(s) then you have a right of appeal to a Court within 14 days from the date of receipt of this notice.

If you are prepared to accept the requirement(s) please sign the enclosed form PF14 - Acceptance of requirements.

Yours sincerely

Team Manager

Cc: *Name(s) of parent(s)*

Enc PF14