**CHILDREN’S SERVICES DIRECTORATE**

 **THE CHILDREN ACT 1989**

 **PRIVATE ARRANGEMENTS FOR FOSTERING REGULATIONS 1991**

**Acceptance of Requirements (PF14)**

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

I note that the County Council has imposed requirements on my proposed private fostering of the above named child placed with me. I agree to the following requirements:

|  |  |
| --- | --- |
| **Nature of Requirement** | **Reason for Requirement** |
|  |  |

|  |  |
| --- | --- |
| **Full Name** |  |
| **Signature** |  |
| **Date** |  |