# NOTIFICATION OF A PRIVATE FOSTERING ARRANGEMENT

This form should be completed by anyone wishing to notify South Gloucestershire Council of a private fostering arrangement. The form may be completed by:

* The parent or guardian, or person with parental responsibility, of the child or young person to be, or being, privately fostered
* The person with whom the child is, or will be, privately fostered
* Any other person involved in arranging or notifying the arrangement

Alternatively, the information may be contained in the referral form taken by the Access and Response Social Worker at the point of initial contact with the local authority.

You may not have all the information requested but please give as much information as you are able.

### Please give the details of the child or children to be privately fostered:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Date and place of birth** | **Gender** | **Religion** | **Ethnic origin** | **First language** |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

### What is the date on which the private fostering arrangement started or what is the date on which it is intended the arrangement will start?

|  |  |
| --- | --- |
| **Date private fostering arrangement started** |  |
| **Intended private fostering arrangement start date?** |  |

### Reason for private fostering arrangement?

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### Person giving notification, please give your name and current address (including staff names and agency address):

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Postcode** |  |
| **Telephone** |  |
| **Email address** |  |

### Please give the name and current address of the proposed or current private foster carer(s):

|  |  |  |
| --- | --- | --- |
|  | **Private Foster Carer 1**  | **Private Foster Carer 2** |
| **Name** |  |  |
| **Gender**  |  |  |
| **D.O.B** |  |  |
| **Ethnic Origin** |  |  |
| **First language** |  |  |
| **Address** |  |
| **Postcode** |  |
| **Telephone** |  |  |
| **Email address** |  |  |

### Any offences regarding the proposed or current private foster carer(s)?

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### Any offences which anyone else living or employed in the same household?

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### Any prohibitions (orders disqualifying people from fostering/ caring for children)?

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### Relationship of proposed private foster carer(s) to the child or young person:

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### Please give the details of the parent(s) or person having parental responsibility:

|  |  |  |
| --- | --- | --- |
|  | **Adult 1** | **Adult 2** |
| **Name** |  |  |
| **Gender**  |  |  |
| **D.O.B** |  |  |
| **Ethnic Origin** |  |  |
| **First language** |  |  |
| **Relationship to the child** |  |  |
| **Address** |  |  |
| **Postcode** |  |  |
| **Telephone** |  |  |
| **Email address** |  |  |

### Previous addressed for the last five years of parent(s) or person having parental responsibility:

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| --- | --- |
| Please return this form to: | **South Gloucestershire Council****Department for People**Access and Response Team PO Box 1955BristolBS37 0DEE: AccessandResponse@southglos.gov.uk  |

If you have any questions or concerns about completing this form, please contact our Access and Response Team on **01454 866000.**