

NOTIFICATION OF A PRIVATE FOSTERING ARRANGEMENT

This form should be completed by anyone wishing to notify West Berkshire Council of a Private Fostering Arrangement. The form may be completed by

- The parent or guardian, or person with parental responsibility, of the child 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 Customer Services Officer at the point of initial contact with the Local Authority.

1 Details of the Child/Young Person

Name (including previous surnames)	
DoB	
Sex	
Place of Birth	
Ethnic Origin	
First Language	
Religion	
Current Address	
Telephone	
Is the child subject to any court order	Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes please state the order
Name of Current Carers	
Relationship to the Child	
Has the child been private fostered previously or cared for away from home?	

2 Details of Start of the Arrangement

Date of child's arrival/intended arrival in the placement	
Date LA notified	
Intended duration of the placement	

Notification made by (if from another agency include staff name, address and contact number); if the referral is from a private individual include that person's addresses over the past five years	
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3 Details of Private Foster carer(s)

Name (including previous surnames)	
DoB	
Sex	
Ethnic Origin	
Religion	
Address (include addresses over the past five years)	
Relationship to the child	

NB The person who proposes to privately foster will be required to give details of:

Any offence of which he has been convicted	
Any prohibition or disqualification imposed under section 68 and 69 of the Children Act 1989	
Any such conviction, prohibition or disqualification, imposed on anyone else living in the household	
Any order made at any time specified in regulations under section 68 of the Children Act 1989 or with respect to any child who has been in their care	
Any rights or powers with respect to a child that have been at any time vested in an authority specified in regulations under section 89 or under an enactment specified in those regulations	

The carers will be required to complete a **Declaration of Suitability to Privately Foster/Permission to Request Information** form at the initial visit. If notifying in writing the form can be attached for them to return.

4 Others Living in the Household

Name	
DoB	
Relationship to Foster Carer(s)	

5 Others Regularly Present in the Household

Name	
DoB	
Address	
Relationship to Foster Carer(s)	

6 Details of Child's Parents/Those with Parental Responsibility/Person from Whom the Child was Received

Mother's Name (including previous surnames)	
DoB	
Ethnic Origin	
First Language	
Religion	
Address	
How often will the visit the child?	
What other form of contact will there be?	

Father's Name (including previous surnames)	
DoB	
Ethnic Origin	
First Language	
Religion	
Address	

How often will the visit the child?	
What other form of contact will there be?	

Other's Name (including previous surnames)	
DoB	
Ethnic Origin	
First Language	
Religion	
Address	
How often will the visit the child?	
What other form of contact will there be?	

7 Details of the Child's Siblings

Name	
DoB	
Address	
Person with Parental Responsibility	
If under 16 and not living at home please indicate the care arrangements	

8 Details of Any Other Person(s), Directly or Indirectly, Involved in Making the Arrangement

Name	
DoB	
Address	
Relationship to the young person/carer	

9 Other Information Concerning the Child/Young Person

School	
Address	

GP	
Address	

Other agencies involved	
Address	

Dentist	
Address	

Health Visitor – general health/specialised health needs	
Address	

Form completed by:

Name	
Designation	
Signature	
Date	
Work address and telephone number	

Please return to: Referral and Assessment Team
West Street House
West Street
Newbury
Berkshire RG14 1BD