

## Confidential

# Children Act 1989 – Private Fostering Form for Parents

### Particulars of a child who is intended to be privately fostered

You are required to notify us of your intention for somebody else to care for your child under a private fostering arrangement. Please complete this form. (Please note - a separate form must be completed for each child).

We want to ensure that, for your child's/children's sake, the arrangement is a safe one. For this reason, we have a responsibility to:

1. Ensure foster carers look after children properly;
2. Visit the home and ensure it is a safe place;
3. Obtain confidential information about the carers to ensure that they are not disqualified from privately fostering a child;
4. Once a child is living with the private foster carers, to visit within one week of the beginning of the arrangement and then at least every six weeks during the first year. During second and subsequent years, visits are required to take place a minimum of twelve weekly;
5. Make sure the arrangement continues to be in the best interests of your child.

You will also need to come to an agreement with the carers about health matters and finance and give them information about who can be contacted in an emergency. It is important for your child's sake that as much information as possible is given to your child's carers in order that they can provide the best possible care for your child. It is also essential that you visit and keep in frequent contact with your child directly and/or through letters, photos and telephone calls.

Under the [Children \(Private Arrangements for Fostering\) Regulations 2005, Children Act 1989](#), you have a duty to inform the local authority children team when the arrangement ends, and of any change in your address.

The social worker will discuss these matters with you so you can work together for the welfare of your child and will contact you to discuss this arrangement. It is important you meet with the social worker to avoid any delay and to ensure your child's needs are being met.

To enable us to do the work we are required to do by law, please complete the information requested below and return to the children team in the area the private foster carer lives (see last page for address details). We will confirm that we have completed our checks as soon as possible.

**Alternatively, telephone 01926410410 and ask to speak with MASH the central referral /duty team for support.**

## Notification (Parent) of Private Fostering Arrangement

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### 1. Child details

Last name		Gender	Male    Female
First name/s		Also known as	
Date of Birth		Place of birth	District: Town: Country:
Ethnic origin		Religion	
Nationality		Language used at home	
Is the child subject to any court order	If yes:	Please give details and date of court order	

### 2. Name and address of proposed private foster carer

Full name	
Address	
Post code	
Telephone	Home Mobile
Email	

### 3. Date child due to move/d to live with private foster carer?

Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Notification (Parent) of Private Fostering Arrangement

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**4.Parent/s details**

<b>Mother's</b> last name		Any previous last names	
First name/s		Also known as	
		Marital status	
Date of birth		Address please state if permanent or temporary	
Home telephone number		Mobile Telephone number/s	
Ethnic origin		Religion	
Nationality		Language used at home	
Any other addresses in the last five years		Any other addresses in the last five years	
Dates at address		Dates at address	
<b>Father's</b> last name		Any previous last names	
Parental responsibility	YES NO	Marital status	
First name/s		Also known as	
Date of birth		Address please state if permanent or temporary	

## Notification (Parent) of Private Fostering Arrangement

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Home telephone number		Mobile telephone number/s	
Ethnic origin		Religion	
Nationality		Language used at home	
Any other addresses in the last five years		Any other addresses in the last five years	
Dates at address		Dates at address	

### 5. Any other person with parental responsibility:

Last name		Any previous last names	
First name/s		Also known as	
Date of birth		Address please state if permanent or temporary	
Home telephone number		Mobile Telephone number/s	
Ethnic origin		Religion	
Nationality		Language used at home	





**8. Health and development until move to private foster care Arrangement**

Name of GP	
Address of GP	
Telephone number	
Name of health visitor	
Address of health visitor	
Telephone number	

		Dates given			
		1	2	3	4
<b>Is this young person fully immunised for their age?</b>	<b>Diphtheria</b>				
	<b>Tetanus</b>				
Yes/No	<b>Pertussis</b>				
	<b>Polio</b>				
<b>Has the child had sickle cell test?</b>	<b>HiB</b>				
	<b>Meningitis C</b>				
Yes/No	<b>MMR</b>				
	<b>Hepatitis B</b>				
<b>Immunisations required:</b>	<b>BCG</b>				
	<b>Pneumococcus</b>				
	<b>HPV</b>				
	<b>TB</b>				
	<b>Anti-malarial</b>				
	<b>Other</b>				

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<b>Allergies, please list</b>	
<b>Disabilities/special conditions (known or suspected)</b>	
<b>Hospital stays give dates and reasons</b>	
<b>Any current medication If yes, please give details</b>	

<b>Any outstanding appointments</b>	<b>Name</b>	<b>Address</b>	<b>When next due or last one was.</b>
<b>School nurse</b>			
<b>Dentist</b>			
<b>Paediatrician</b>			
<b>CAMHS</b>			



## Notification (Parent) of Private Fostering Arrangement

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Safeguarding Business Unit

### **Confidential** **Children Act 1989 – Private Fostering**

A parent may arrange under Section 2 (9) of The Children Act 1989 for a private foster carer to meet some of his parental responsibilities, but a private foster arrangement does not absolve a parent of their responsibilities.

#### **Medical consent**

Parental Agreement to Medical Treatment		
This is to certify that I <insert name of person with parental responsibility>		
Hold legal right to consent to medical treatment for <insert name of Child>		
but have delegated this right to <insert name of private foster carer>		
to arranging the following medical treatments for while s/he is living with them		
	YES	NO
Emergency treatment (including anaesthetic)		
Routine treatment (i.e.routine dental treatment and immunisations)		
The following treatments are specifically excluded from the above consent:		
Signature	Print name	Date

## 9. Education

<b>Name of last school attended</b>	
<b>Dates attended from and to:</b>	
<b>Address</b>	
<b>Any information about child's education particularly any special education needs</b>	

## 10. Practical issues

<b>What is the purpose of this private fostering arrangement (why is your child staying there?)</b>	
<b>How long do you expect the private fostering arrangement to last?</b>	
<b>How often do you intend to visit?</b>	
<b>What other contact will you have with your child?</b>	
<b>Who else will visit/have contact with your child?</b>	
<b>Has your child been privately fostered or living with somebody else away from you before? Yes/No</b>	<b>If Yes, please explain:</b>

**11.Name and address of any other person directly or indirectly involved in making this arrangement.**

Full name	
Address	
Post code	
Telephone	Home  Mobile
Email	

I acknowledge that the information I have given is true to the best of my knowledge.

I will inform the local authority of any changes of circumstances e.g., change of address and intention to cease private fostering arrangements.

Signed	Relationship to child	Date
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Signed	Relationship to child	Date
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**Please send this completed form to children team in the area the private foster care lives:**

See next page for address details.

## Notification (Parent) of Private Fostering Arrangement

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If this form is difficult to understand, the social worker can support you and/or we can provide it in another language.

**Please send this completed form to the**

Private Fostering  
Saltisford office Park  
Building 1  
Ansell Way  
Warwick  
CV34 4UL

Further information can be obtained at  
**<http://www.warwickshire.gov.uk/privatefostering>**