

Private Fostering Placement Agreement

It is recommended by Somerset Children's Social Care that the private foster carers, and the parents of the child fostered, complete the following agreement.

FOSTER CARERS:

Names	
Address	
Telephone No	

PARENT:

Names	
Address	
Telephone No	

As foster carer I will take care of:

Name born on:

At

As if s/he were my own child, on behalf of her/his parent, for an intended period of years months.

Commencing from

Initially the length of placement will be provisional, and can be varied by either party.

Nationality of child:	
Religion:	
Cultural background:	
First language:	
Gender:	
Details of any leave given for the child to remain in this Country:	

EDUCATION

What are the arrangements for the child's education?
Details of any special educational needs?

HEALTH

General Practitioner with whom child was registered before placement:	
Name:	
Address:	
Telephone No:	

General Practitioner with whom child will be registered:	
Name:	
Address:	
Telephone No:	

Health Visitor:	
Name:	
Address:	
Telephone No:	
Birth weight of child:	
Type of immunisations received (with dates):	
Illnesses (with dates):	

Allergies:	
Dietary requirements:	
Dietary preferences:	

The Parent

I give my consent to (Carer) to access emergency medical treatment for (Child) and that they contact me within 48 hours.

WISHES AND FEELINGS OF YOUNG PERSON *(to be completed by young person with support from parent)*

The Private Foster Carer

As a private foster carer I will arrange for the child to be registered with a local General Practitioner and will arrange for the child to have a medical examination upon placement (if the child is of sufficient age and understanding, s/he can refuse a medical examination). (The parents or person with parental responsibility, should meet any fee charged by the medical practitioner)

As a private foster carer, I will ensure that the child will receive general health and dental care and urgent medical treatment if necessary. (Parent(s) or person with parental responsibility to be notified of any emergency treatment). Foster carers undertake to keep parent(s) or person with parental responsibility informed of any medical treatment.

The Parents

As parent, I will leave a copy of the child's personal health record with the foster carer.

FINANCES

It is agreed that the parents will pay the foster carers the following allowance:-

£ per week, payable weeks in advance.

The above payment is re-negotiable at least annually.

CONTACT

As parent, I will maintain contact with the child through visits, letters and telephone calls.

I plan to visit every

I plan to write every

I plan to telephone

ENDING PLACEMENT

Foster carers or parents agree to give a week's notice if they wish to end the placement within six months of its commencement and 28 days notice thereafter.

As a private foster carer I/we will notify Somerset Children's Social Care of the address given of any further fostering arrangements, as required by law.

I/we will inform the child's parents and Somerset Children's Services if there is a change of address during the arrangements and if the child is to move from the above named foster carer.

I / we understand that a Social Worker will visit within the first week of the placement and then at intervals of not more than six weeks during the first year. In any second or subsequent year visits will be at intervals of not more than three months. The purpose of these visits is to safeguard and promote the welfare of the child.

Signed:Foster Carer(s)

.....Birth Parent(s)

..... Person with parental responsibility

Dated

Copies to be held by all signatories.

December 2009