**Private Fostering Placement Agreement**

It is recommended by Bath and North East Somerset Children’s Social Care that the private foster carers, and the parents of the child fostered, complete the following agreement***:***

**Private Foster Carers:**

|  |  |
| --- | --- |
| Names |  |
| Address |  |
| Telephone number |  |

Parent:

|  |  |
| --- | --- |
| Names |  |
| Address |  |
| Telephone number |  |

As a private foster carer I will take care of:

Child’s Name:

Child’s date of birth:

Address at which the private foster carer will care for the child:

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 the 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 the country: |  |

Education:

|  |
| --- |
| What are the arrangements for the child’s education(include address/es of previous schools and proposed future school arrangements if different)? |
|  |
|  |
|  |
|  |
|  |
|  |
| Details of any special educational needs? |
|  |
|  |
|  |

Health:

|  |  |
| --- | --- |
| General practitioner with whom the child was registered before placement: |  |
| Name |  |
| Address |  |
| Phone number: |  |
|  |
| General practitioner with whom the child will be registered if different: |  |
| Name |  |
| Address |  |
| Phone number: |  |

|  |  |
| --- | --- |
| Health visitor |  |
| Name |  |
| Address |  |
| Phone number: |  |
|  |  |
| Birth weight of child: |  |
| Immunisations received to date: |  |
| 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’ 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** ......................................................…………………........