



Application for private foster

To be filled out by the applicant/family

Devon's Children's services

PRIVATE FOSTERING
CARER NOTIFICATION

If you are intending to, or already privately fostering a child under the age 16 (under 18 if the child is disabled), you **must** let Devon County Council know. You should notify the council at least 6 weeks (and not more than 13 weeks) **before** the child or young person comes to stay with you. If the young person is already living with you, or if they arrive at short notice, you must let the council know within 48 hours.

Please complete this form. If you have any queries please telephone 0845 6000 388

1. Prospective Private Foster Carer(s)' Details

1st Applicant

| | | | | |
|--|-----------------------------------|--|--|------------------------------------|
| Full Name | | | | |
| All previous names | | | | |
| Date of birth | | | | |
| Phone number(s) | | | Email | |
| Current Address | | | | |
| All previous addresses within last 5 years (including dates) | | | | |
| Occupation | | | | |
| Ethnic origin | <i>White British</i> | <i>White Irish</i> | <i>Any other White background</i> | <i>Traveller of Irish Heritage</i> |
| | <i>Gypsy/Roma</i> | <i>Mixed – white & Black Caribbean</i> | <i>Mixed – White & Black African</i> | <i>Mixed White & Asian</i> |
| | <i>Any other mixed background</i> | <i>Asian Indian</i> | <i>Asian Pakistani</i> | <i>Asian Bangladeshi</i> |
| | <i>Any other Asian background</i> | <i>Black or Black British</i> | <i>Black Caribbean</i> | <i>Black African</i> |
| | <i>Any other Black background</i> | <i>Other ethnic group</i> | <i>Chinese</i> | <i>Declined to answer</i> |
| First Language | | | | |

2nd Applicant

| | |
|--------------------|--|
| Full Name | |
| All previous names | |

| | | | | |
|--|-----------------------------------|--|--|------------------------------------|
| Date of birth | | | | |
| Phone number(s) Home: Mobile: | | | Email | |
| Current Address | | | | |
| All previous addresses within last 5 years (including dates) | | | | |
| Occupation | | | | |
| Ethnic origin | <i>White British</i> | <i>White Irish</i> | <i>Any other White background</i> | <i>Traveller of Irish Heritage</i> |
| | <i>Gypsy/Roma</i> | <i>Mixed – white & Black Caribbean</i> | <i>Mixed – White & Black African</i> | <i>Mixed White & Asian</i> |
| | <i>Any other mixed background</i> | <i>Asian Indian</i> | <i>Asian Pakistani</i> | <i>Asian Bangladeshi</i> |
| | <i>Any other Asian background</i> | <i>Black or Black British</i> | <i>Black Caribbean</i> | <i>Black African</i> |
| | <i>Any other Black background</i> | <i>Other ethnic group</i> | <i>Chinese</i> | <i>Declined to answer</i> |
| First Language | | | | |

Applicants must notify the Private Fostering Team of any change of address, before it occurs

2. Household Details

Other Occupants of the Household

| Name | Gender | Date of Birth | Occupation or school | Relationship to Applicant(s) |
|------|--------|---------------|----------------------|------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Applicants must notify Children's Services if anyone leaves or joins the household, by contacting the Private Fostering team, within 48 hours.

3. Child's Details

| | | | | |
|---|-----------------------------------|--|--|------------------------------------|
| Full Name | | | | |
| Known as (if different from above) | | | | |
| Male/female | | Date of Birth | | |
| Place of birth (City and County) | | | | |
| Nationality | | | Religion | |
| Ethnicity (please circle appropriate description) | <i>White British</i> | <i>White Irish</i> | <i>Any other White background</i> | <i>Traveller of Irish Heritage</i> |
| | <i>Gypsy/Roma</i> | <i>Mixed – white & Black Caribbean</i> | <i>Mixed – White & Black African</i> | <i>Mixed White & Asian</i> |
| | <i>Any other mixed background</i> | <i>Asian Indian</i> | <i>Asian Pakistani</i> | <i>Asian Bangladeshi</i> |
| | <i>Any other Asian background</i> | <i>Black or Black British</i> | <i>Black Caribbean</i> | <i>Black African</i> |
| | <i>Any other Black background</i> | <i>Other ethnic group</i> | <i>Chinese</i> | <i>Declined to answer</i> |
| 1 st Language spoken | | | | |
| Is the child subject to any Court Order? | If yes, please give details | | | |
| School | | | | |
| GP/Health visitor | | | | |
| Dentist | | | | |
| Does the child have a disability? | If yes, please give details | | | |

4. Arrangement details

| | |
|--|--|
| Date Private Fostering arrangement started or is to start | |
| Purpose of Private Fostering arrangement | |
| How long is this arrangement expected to last? | |
| Name(s), address(es) and phone number(s) of person(s) with parental responsibility | |
| Name(s), address(es) and phone number(s) of other person involved in making this arrangement | |

Applicants must notify Children's Services when the private fostering arrangement ends.

References:

Personal referees need to have known applicant for at least two years and not be a relative

| | Doctor | 2 Personal References (Two per household) |
|-------------|--------|--|
| Applicant 1 | | |
| Applicant 2 | | |

Declaration (* delete as applicable)

I / We* understand that it is necessary for the Strategic Director to make enquiries regarding my / our* circumstances. This will include enquiries of my / our* G.P., the Health Visitor, local authority in which I / we* live and any other local authorities in which I / we* have lived for the last five years, and the Probation Department if applicable.

I / we* understand that information about my / our* medical history and present medical condition is required by Devon County Council the above named agency. I / We* consent to a medical report and to any further enquiries deemed to be necessary by the agency's medical advisers or by my / our* General Practitioner.

Does anyone in the household have a criminal conviction? Yes/No

**Does anyone aged 16 or over stay in household overnight on a regular basis?
Yes/No**

If yes we will need to carry out a DBS check in respect of that person(s)

I / We* give permission to Devon County Council to initiate a DBS check on any convictions or cautions that may be recorded against me/us.

Declaration regarding suitability to Foster Children Privately

Section 70(a) of the Children Act 1989 provides that a person who makes any statement in this notice or information which he knows to be false or misleading, shall be guilty of an offence and liable on summary conviction to a fine not exceeding level 5.

Have you ever applied to a Local Authority to be a child minder, day care provider, foster carer or adopter? Yes/No

Have you ever:
Been convicted of any offence against a child? Yes/No

Had a child removed from your care by the order of any court? Yes/No

Had registration as a child minder, or other provider of day care, refused or cancelled? Yes/No

Had your rights and duties with respect to any child vested in a Local Authority? Yes/No

Had a prohibition imposed on you by the Local Authority prohibiting you from fostering privately? Yes/No

Been disqualified from acting as a Local Authority foster parent? Yes/No

Been disqualified in any capacity, or subject to disciplinary proceedings involving the care of children? Yes/No

If you have answered Yes to any of the above questions please supply dates and circumstances: (please use an additional sheet if necessary)

Access to Medical Reports Act 1988 (* delete as applicable)

I / We* have been informed of my/our statutory rights under the Access to Medical Reports Act 1988 and:

- I / We* do not wish to see the medical report and agree to it being sent to the Devon County Council.
- I / We* wish to see the medical report and will then decide whether I / we* agree to it being sent to the agency.

I / We* declare that to the best of my / our* knowledge the information I / we* have supplied is correct and accurate.

Signature:.....

Signature:.....Date:.....

Patients rights under the Access to Medical Reports Act 1988

As part of the application, we should like to ask your present Doctor to submit a report to us. These notes are to explain your rights under the Access to Medical Records Act, which are as follows:

- You do not have to give your consent to a medical report, but if you withhold it please bear in mind that we may not be able to proceed with your application.
- You can ask to see the medical report before the Doctor sends it to us. If you do want to, you must make an arrangement to do so within three weeks of signing this form.
- If you disagree with anything on the medical report you can ask the Doctor not to send it to us at all, or you can ask for some remarks from you to be attached to it when it is sent to us.
- If you have not seen the report earlier you can ask to see the Doctor's copy of it after it has been sent in at any time up to six months after you signed this form.
- The Doctor can refuse to show you the report, or part of it, but only if some of the information is provided by someone else, or if the Doctor thinks it will harm you if you see it.
- Your Doctor may make a reasonable charge for you to see the report, for which you would be responsible.

If you have any queries about your rights under this Act, please ask your Social Worker.

Please note – you must report any change in circumstances including the end of the private fostering arrangement, in writing, within 48 hours.

Email: privatefostering@devon.gov.uk

Or alternatively contact your allocated worker from the Private Fostering Team

Additional information