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| PF 1  **Notification**  **of Private Fostering Arrangement** |

This form should be completed by anyone who wishes to notify Wiltshire Council of a Private Fostering Arrangement. This form may be completed by:

* the parent or guardian of the child to be, or being, privately fostered,
* any person involved in making such an arrangement,
* the person with whom the child is, or will be, fostered or,
* a staff member of Wiltshire’s Children’s Services or any other agency having knowledge about a Private Fostering Arrangement.

You may not have all the information requested but please give as much information as you are able.

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| 1. Please give details of the child or children to be privately fostered: | | | | | | |
| Name | Date and Place of Birth | Gender | Religion | Racial Origin | Cultural Background | Main Language |
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| 1. What is the date on which the Private Fostering Arrangement started? Or,   What is the date on which it is intended the arrangement will start? |  |

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| 1. Reason for the Private Fostering Arrangement: |  |

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| 1. Person giving notification. Please give your name and **current** address (including staff names and agency address): | Post Code Tel: |

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| 1. **Previous** addresses for the last 5 years (including post codes): |  |

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|  | Name | Gender | Date of Birth | | Ethnic Origin | Main Language |
| 1. Please give the name and current address of the proposed or current private foster carer: |  |  |  | |  |  |
|  |  |  | |  |  |
| Address: |  | | | | |
| Post Code: |  | | Tel: | | |
| 1. Any offences regarding the proposed or current private foster carer: |  | | | | | |
| 7 a. Any offences which anyone else living or employed in the same household: |  | | | | | |
| 7 b. Any prohibitions (orders disqualifying people from fostering/caring for children): |  | | | | | |
| 1. Relationship of proposed foster carers to the child: |  | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
|  | Name | Gender | Date of birth | | Ethnic Origin | Main Language |
| 1. Please give the name and current address of the parent/s or person having parental responsibility: |  |  |  | |  |  |
|  |  |  | |  |  |
| Address: |  | | | | |
| Post Code: |  | | Tel: | | |
| 1. Previous addresses for the last 5 years of parent/s or person having parental responsibility: |  | | | | | |

**Please send to:**

Wiltshire Council Multi-Agency Safeguarding Hub (MASH), County Hall, Trowbridge. BA14 8JN or via mash@wiltshire.gov.uk or call the team on 0300 456 0108