

**NOTIFICATION OF PLACEMENT BY PROSPECTIVE OR ACTUAL  
PRIVATE FOSTER CARERS**

*To be completed by parents or prospective or actual private foster carers.  
Also for use by professionals or volunteers  
Please complete a separate page for every child.*

<b>DETAILS OF PRIVATE FOSTER CARERS</b>			
Name(s):			
D.O.B.		Ethnicity:	
Address:			
Tel. No:			

<b>OTHER HOUSEHOLD MEMBERS</b>	
1. Name:	
D.O.B.	
Ethnicity:	
Relationship to private foster carers	
2. Name:	
D.O.B.	
Ethnicity:	
Relationship to private	

foster carers	
3. Name:	
D.O.B.	
Ethnicity:	
Relationship to private foster carers	

<b>DETAILS OF PROPOSED PRIVATE FOSTER CHILD</b>			
Forename(s):			
Surname:			
Known as:		Date of Birth:	
Gender:		Religion:	
Ethnic origin (please tick)			
White	<input type="checkbox"/>	Black/other	<input type="checkbox"/>
Black/Caribbean	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Black/African	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
		Pakistani	<input type="checkbox"/>
		Indian	<input type="checkbox"/>
		Other (specify)	<input type="checkbox"/>
Language (spoken mostly at home)			
Purpose of fostering arrangement:			
Date of commencement of private fostering arrangement:			
Expected duration of placement:			

<b>Person(s) with parental responsibility for the child:</b>	
Name:	
D.O.B.	
Ethnicity:	
Address (including postcode)	
Tel. No:	
Name:	
D.O.B.	
Ethnicity:	
Address (including postcode)	
Tel. No:	

<b>Any other person involved in making the arrangement:</b>	
Name:	
Address (including postcode)	
Tel. No:	
Relationship to child:	

<b>Other Information concerning the child or young person:</b>	
Name of School:	
Address:	
Tel. No.	
Name of GP:	
Address:	
Tel. No	
Other agency	

<b>Form completed by:</b>	
Name:	
Signature:	
Relationship to child:	
Date:	

Return form to:  
 First Contact Team (Private Fostering Notification)  
 Department of People  
 7<sup>th</sup> Floor Civic Centre  
 Victoria Avenue  
 Southend on Sea  
 Essex  
 SS2 6ER