**Initial Assessment for Temporary Approval as a Foster Carer**

**Connected Person: Regulation 25, Schedule 4, Care Planning, Placement & Care Review Regulations, 2010**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Authorisation for Continued Approval | | | | | |
| **Name of Child(ren)** | | | **Date of Birth** | | **Liberi ID** |
|  | | |  | |  |
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|  | | |  | |  |
|  | | |  | |  |
| **Legal status** | |  | | | |
| **Carer(s) Name:** | |  | | | |
| **Carers Address:** | |  | | | |
| **Child’s Social Worker:** | |  | | | |
| **Team:** | |  | | | |
| **Fostering Social Worker:** | |  | | | |
| **Team:** | |  | | | |
| **TEMPORARY APPROVAL INFORMATION (16 weeks)** | | | | | |
| **Date temporary approval foster placement started:** | |  | | | |
| **Name of person who agreed temporary approval:** | |  | | | |
| **Date temporary approval was agreed:** | |  | | | |
| **Date original temporary approval due to end (16 weeks):** | |  | | | |
| **TEMPORARY APPROVAL EXTENSION INFORMATION (additional 8 weeks)** | | | | | |
| **Is this still the most appropriate placement?** | |  | | | |
| **Reason for Extension:** | |  | | | |
| **Any comments about timescales:** | |  | | | |
| **Date fostering panel considered request for extension of temporary approval:** | |  | | | |
| **Views of Fostering Panel – Minutes attached:** | |  | | | |
| **Name of person who agreed extension of temporary approval:** | |  | | | |
| **Date extension of temporary approval was agreed:** | |  | | | |
| **Date temporary approval due to end (24 weeks):** | |  | | | |
| **Name:** | | **Signature:** | | **Date:** | |
| **Child’s Social Worker** | |  | |  | |
| **Fostering Social Worker** | |  | |  | |
| **Team Manager:** | |  | |  | |
| **As the Assistant Director - Nominated Person I approve / do not approve the above foster carers for a further period not exceeding 8 weeks in accordance with Regulation 25 of the Care Planning, Placement and Case Review Regulations (2010).** | | | | | |
| **Comments:** |  | | | | |
| **Date on last day of 8 week extension:** |  | | | | |
| **Signed:** |  | | | | |
| **Print Name:** |  | | | | |
| **Date:** |  | | | | |