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**Kent Fostering Service**

Request for Exemption form

**Request for Exemption from “usual Fostering limits”**

**Children Act 1989 Schedule 7**

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| 1. **Foster Carer’s Household:**   *Full name of Carers and all Household Members over the age 18* | | | | | | | | | | | | | | |
| **Full Names of Foster Carers** | | | | | | | | | | **Date of Birth** | | **Liberi Number** | | |
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| **Other Household Members** | | | | | | **Relationship** | | | |  | |  | | |
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| **Address of Carers:** |  | | | | | | | | | | | | | |
| **Registering Authority** |  | | | | | | | | | | | | | |
| **Current Registration** |  | | | | | | | | | | | | | |
| **Date of Last Annual Review** |  | | | | | | | | | | | | | |
| **Fostering Social Worker** |  | | | | | | | | | | | | | |
| 1. **All children living in the foster home, including children of the family:** | | | | | | | | | | | | | | |
| **Name** | | **D.O.B** | | | **Gender** | | **Ethnicity** | | **Relationship** | | | | **CYP Social Worker** | |
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| 1. **Proposed Placement:** | | | | | | | | | | | | | | |
| **Name** | | **D.O.B** | | | **Gender** | | **Ethnicity** | | **Relationship** | | | | **CYP Social Worker** | |
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| **Proposed Start Date of Exemption** | | | | | |  | | | | | | | | |
| **Proposed End Date of Exemption** | | | | | |  | | | | | | | | |
| 1. **On what basis does this placement meet the exemption criteria.** Please provide a summary of the foster carers capacity to care, safeguard and promote the welfare of all the children in the household and why this placement is appropriate. What is the safe care plan? | | | | | | | | | | | | | | |
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| 1. **Brief outline of each child’s legal status, care plan and likely length of placement.** To include details of reasons for care (including date placed) | | | | | | | | | | | | | | |
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| 1. **Brief outline of any exceptional behavioural or emotional needs and the support provided or required.** | | | | | | | | | | | | | | |
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| 1. **Specify the practical arrangements for each child. Individual care, sleeping and travel arrangements to school, contact etc. How are these managed and who by?** | | | | | | | | | | | | | | |
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| 1. **If the child/children is/are already known to the foster carers please give details of their relationship:** | | | | | | | | | | | | | | |
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| 1. **Are there any other children cared for or visit the household regularly?**   e.g. childcare activities, day care, grandchildren. | | | | | | | | | | | | | | |
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| 1. **Views of the children in placement and social worker(s) and fostering social worker for children already placed.** | | | | | | | | | | | | | | |
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| 1. **Give details of exemption requested, i.e. time limits or periods required such as school holidays and of any conditions which should apply.** | | | | | | | | | | | | | | |
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| **Does the Exemption need to go to the Fostering Panel?** | | | | | | **YES** | |  | | | **NO** | | |  |
| **Name of Kent Fostering Panel** | | | |  | | | | | | | | | | |
| **Date of Kent Fostering Panel** | | | |  | | | | | | | | | | |
| **Date Form Completed** | | | |  | | | | | | | | | | |
| **Social Workers Name** | | | |  | | | | | | | | | | |
| **Social Workers Signature** | | | |  | | | | | | | | | | |
| **Team Managers Comments.** | | | | | | | | | | | | | | |
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| **Team Managers Signature** | | | |  | | | | | | | | | | |
| **Agency Decision Makers Comments** | | | | | | | | | | | | | | |
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| **ADM Signature** | | |  | | | | | | | | | | | |
| **Decision Date.** | | |  | | | | | | | | | | | |