

Referral Form - Private Fostering Assessment

Fostering and Adoption Assessment Team

From the 14th of December 2022 – this referral form should only be used for existing children or young people who are open to children’s social care. For all children and young people who are referred after the 14/12/22, this referral is in-built within mosaic processes.

When completed, please email this referral form to privatefosteringenquiries@leics.gov.uk

DETAILS OF REFERRER:	
Name of Referrer:	
Telephone Numbers (LCC ext. & Mobile):	
Team:	
Team Manager:	

DETAILS OF PROPOSED PRIVATE FOSTER CARER(S):	
Carer (1) name:	
MOSAIC No:	
Carer (2) name:	
MOSAIC No:	
Carer Telephone Number:	
Relationship to Privately Fostered Child (i.e. family friend, distant relative, neighbour etc.)	

DETAILS OF PRIVATELY FOSTERED CHILD (1):	
Name:	
MOSAIC No:	
Gender:	
Date of birth:	

DETAILS OF PRIVATELY FOSTERED CHILD (2):	
Name:	
MOSAIC No:	
Gender:	
Date of birth:	

DETAILS OF PRIVATELY FOSTERED CHILD (3):	
Name:	
MOSAIC No:	
Gender:	
Date of birth:	

DETAILS OF PRIVATE FOSTERING ARRANGEMENT:	
Date of intended Private Fostering arrangement, if the child is not already living there	
Date child moved to Private Foster Carer address, if already living there.	
Date Private Fostering arrangement commenced <i>(under Private Fostering Regulations once a child has been living with you for 28 days or longer it is a Private Fostering Arrangement)</i>	
Name of Childcare SW <i>(if different to name of referrer):</i>	

DETAILS OF PARENTS:	
Father's name:	
Does Father have PR: <i>Delete as appropriate</i>	Yes / No
Telephone Number:	

Mother's name:	
Telephone Number:	

