**Referral Form: Foster Carer Sessional Worker**

*To be completed by the referring worker:*

|  |  |
| --- | --- |
| **Referrer’s name** |  |
| **Child’s Social Worker name** |  |
| **IRO name** |  |
| **Foster carers full name** |  |
| **Home address** |  |
| **Carers Contact telephone number** |  |
| **Carers Contact email address** |  |
| **Fostering Social Worker** |  |
| **Fostering Support Team** |  |
| **Child or young person’s full name (including Liberi number)** |  |
| **A short summary of what is being requested and why** |  |
| **How long do you anticipate this support will be required for?** |  |
| **Is this referral for Emergency support or Planned support-please specify** |  |
| **Manager who has approved referral and any comments** |  |
| **Date referral form completed** |  |

**Agreement form for Sessional Work**

*To be completed by the Placement Stability Team:*

|  |  |
| --- | --- |
| **Date referral received** |  |
| **Agreed by (including date of agreement, full name, and job title) and any comments** |  |
| **Fostering Social Worker identified to provide support** |  |
| **Matching considerations** |  |
| **Fostering Support Team contacted to ensure FCSW has the capacity** |  |
| **Any additional support required**  |  |
| **Start date** |  |
| **Review date** |  |
| **Action completed by** |  |