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

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

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| 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:** |  |