

**PF1 (b)**

**Kent County Council Children’s Services**

**Children Act 1989 - Private Fostering**

**PRIVATE FOSTER CARER’S NOTIFICATION OF PLACEMENT OF**

**PRIVATELY FOSTERED CHILD**

**NB: *Notification should be received at least six weeks before a private foster child is placed or immediately if the child is due to move to a placement in less than six weeks or is already placed.***

**Please use a Separate Form for each Child Placed**

**DETAILS OF PRIVATE FOSTER CARER(S):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Private Foster Carer 1** |  | **Private Foster Carer 2** |
|  |  |  |  |
| **Family name** |  |  |  |
|  |  |  |  |
| **Forename(s)** |  |  |  |
|  |  |  |  |
| **Any previous name** |  |  |  |
|  |  |  |  |
| **Gender** |  |  |  |
|  |  |  |  |
| **Date of birth** |  |  |  |
|  |  |  |  |
| **Ethnic origin** |  |  |  |
|  |  |  |  |
| **Religion** |  |  |  |
|  |  |  |  |
| **First language** |  |  |  |
|  |  |  |  |
| **Present address** |  |  |  |
|  |  |
|  |  |
|  |  |  |  |
| **Postcode** |  |  |  |
|  |  |  |  |
| **Telephone number** |  |  |  |

**Address(es) During Past Five Years**

|  |  |  |  |
| --- | --- | --- | --- |
| From: |  | To: |  |
|  | | | |
| From: |  | To: |  |
|  | | | |
| From: |  | To: |  |
|  | | | |
| From: |  | To: |  |
|  | | | |
| From: |  | To: |  |

**Other Occupants of Household:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Forename** | **Family Name** | **Gender** | **Date of Birth** | **Relationship to Foster Carer** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Details of Private Foster Carers Child’s Education**

**Education/Day Care Provision and Schools Attended:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From** | **To** | **Name & Address** | **Type** | **Reason for Leaving** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Details of Private Foster Child:**

|  |  |
| --- | --- |
| **Family name** |  |
|  |  |
| **Forename(s)** |  |
|  |  |
| **Gender** |  |
|  |  |
| **Date of birth** |  |
|  |  |
| **Religion** |  |
|  |  |
| **Ethnic origin** |  |
|  |  |
| **Cultural background** |  |
|  |  |
| **First language** |  |
|  |  |
| **Nationality** |  |

**Education/Day Care Provision and Schools Attended:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From** | **To** | **Name & Address** | **Type** | **Reason for Leaving** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Details of Parents:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Mother** |  |  | **Father** |
|  |  |  |  |  |
| **Family name** |  |  |  |  |
|  |  |  |  |  |
| **Forename(s)** |  |  |  |  |
|  |  |  |  |  |
| **Any previous name** |  |  |  |  |
|  |  |  |  |  |
| **Date of birth** |  |  |  |  |
|  |  |  |  |  |
| **Contact telephone Number** |  |  |  |  |
|  |  |  |  |
| **Present address** |  |  |  |  |
|  |  |  |  |  |
| **Postcode** |  |  |  |  |

**Placement Details:**

|  |  |  |
| --- | --- | --- |
| **Date from which placement is to start or started** | |  |
|  | |  |
| **Expected date when placement is to end** | |  |
|  | | |
| **Purpose of Placement** |  | |

|  |  |
| --- | --- |
| **Name of any other person involved in the Private Fostering arrangement** |  |
|  |  |
| **Address** |  |
|  |  |
| **Telephone number** |  |

**Siblings of Private Foster Child (if any):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **DOB** |  |
|  |  | | |
| **Address** |  | | |
| **Who cares for the child at this address** |  | | |
|  | | |
| **Name** |  | **DOB** |  |
|  |  | | |
| **Address** |  | | |
| **Who cares for the child at this address** |  | | |
|  | | |
|  |  | | |
|  |  | | |
| **Name** |  | **DOB** |  |
|  |  | | |
| **Address** |  | | |
| **Who cares for the child at this address** |  | | |
|  | | |
|  |  |  |  |
|  |  |  |  |
| **Name** |  | **DOB** |  |
|  |  | | |
| **Address** |  | | |
| **Who cares for the child at this address** |  | | |
|  | | |

*(Please Continue Overleaf if Necessary)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **DOB** |  |
|  |  | | |
| **Address** |  | | |
| **Who cares for the child at this address** |  | | |
|  | | |
|  |  | | |
|  |  | | |
| **Name** |  | **DOB** |  |
|  |  | | |
| **Address** |  | | |
| **Who cares for the child at this address** |  | | |
|  | | |
|  |  | | |
|  |  | | |
| **Name** |  | **DOB** |  |
|  |  | | |
| **Address** |  | | |
| **Who cares for the child at this address** |  | | |
|  | | |

*(Please Continue Overleaf if Necessary)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **DOB** |  |
|  |  | | |
| **Address** |  | | |
| **Who cares for the child at this address** |  | | |
|  | | |
|  |  | | |
|  |  | | |
| **Name** |  | **DOB** |  |
|  |  | | |
| **Address** |  | | |
| **Who cares for the child at this address** |  | | |
|  | | |
|  |  | | |
|  |  | | |
| **Name** |  | **DOB** |  |
|  |  | | |
| **Address** |  | | |
| **Who cares for the child at this address** |  | | |
|  | | |

**Details of Two Referees from whom References can be obtained:**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  |  |  |
|  |  |  |  |
| **Surname** |  |  |  |
|  |  |  |  |
| **Present address** |  |  |  |
|  |  |  |  |
| **Postcode** |  |  |  |
|  |  |  |  |
| **Telephone number** |  |  |  |

I/We understand that Children’s Services will carry out checks as to our suitability to become private foster carers and we have signed Form PF1(d) in order that the Local Authority can carry out these checks.

I/We have completed the attached Declaration of suitability to foster children privately and enclose it with this notification.

I/We understand that I/We must give details to the Local Authority at least six weeks in advance (or where not practicable within forty-eight hours of the event occurring) about the following:

(a) Changes of address

(b) Changes in the composition of the household

(c) Any criminal convictions, disqualification’s or prohibitions which occur after the child is placed

I/We agree to notify the Kent County Council if this placement does not take place.

I/We also understand that when this child leaves my/our care I/We will notify the Kent County Council in writing within forty-eight hours.

I/We understand that I/We are not permitted to insure the life of the child(ren) we are privately fostering.

Signed

Dated

Signed

Dated