Please ask for:

Direct Line:

Direct Fax No:

Our Ref:

Your Ref:

Date:

Dear Dr

Re:

Your patient has given notice to the Local Authority of their intention to apply to Court to become a Special Guardian, under Children Act 1989. He/She has been asked to complete the enclosed self-declaration form as part of their assessment to become a Special Guardian.

I would be grateful if you could comment on the applicant’s health and their suitability to care for another person’s child.

A DHA claim form is not enclosed as the child concerned is not a ‘looked after’ child and the local authority is not responsible for their care. I would be grateful if you return the completed form to myself, at ……………………………………….

…………………………………………………………………………………………..

The complete Medical information form will be passed to the **Fostering Medical Adviser,** **who is the Medical Adviser to the Fostering Panel, Tel. 0116 225 2515.** They will be pleased to discuss any medical issues with you.

Once completed, please return to the Social Worker at:

Education & Children’s Services Department

Halford House, 91 Charles Street, Leicester LE1 1HL

Yours faithfully

pp

Service Director,

Children’s Social Care & Early Help

Enc

Appendix 3