**CARERS’ AGREEMENT TO CARE FOR CHILDREN AS A PRIVATE ARRANGEMENT**

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| --- | --- |
| Name of Child(ren) | DOB |
|  |  |
|  |  |
|  |  |

Carer(s): [*Name(s) of carers*]

Relationship: [*Relationship to child*]

Address: [*Address of carers*]

Parents / [*Name(s) of Parents or persons with Parental Responsibility*]

Persons with PR

[*Name(s) of Parent(s)*] have arranged for [*name(s) of child(ren)*] to be cared for by me/us from [*date*].

The parents will retain parental responsibility and will remain financially responsible for the child for the time the child is cared by me/us.

I/we understand that these current arrangements mean that [*name(s) of child(ren)*]will not be Looked After by Rochdale Borough Council whilst in my/our care and I/we confirm that I/we have been provided with information explaining what this means for me/us in relation to the level of support (financial and otherwise) which will be provided to me/us.

In order to help me/us care for the child(ren), I/we agree to the social worker carrying out a child and family assessment to identify whether we or the children need any support or services and if so what support or services should be provided to us under section 17 of the Children Act 1989. I /we will receive a copy of the assessment when completed.

This assessment will also help decide if these arrangements are in the best interests of the child(ren).

**I/We agree to care for [*Name(s) of child(ren)*] as a private family arrangement from [*date*].**

**I/We understand that Rochdale Borough Council will support the child(ren) as (a) child(ren) in need.**

**I/We agree to inform Rochdale Children’s Services if I/we are no longer able to care for the child(ren)**

**I/We understand that [*name(s) of parent(s)*] will continue to have parental responsibility for the child(ren) including financial responsibility.**

**I/We confirm that I have been given information about where to find the Rochdale Borough Council Family and Friends Care Policy.**

**I/We confirm that I/we have been provided with a LASPO letter and provided with information about how to access independent legal advice about my position.**

**Name of Carer …………………………………………………**

**Signature …………………………………………………**

**Name of Carer …………………………………………………**

**Signature …………………………………………………**

**Date …………………………………………………**

Copy to Parents

If you have any queries, please contact:-

[*Name of child’s social worker*] on [*telephone number*]