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|  | Date: | 16 December 2022 |
| Your Reference: | [Surname] Fostering Assessment |
| Our Reference:  | [Mosaic ID Number] |
| Enquiries to: | [Assessing Social Worker] |
| Section: | Fostering Service  |
| Tel: | [Social Worker’s Tel] |
| Email: | [Social Worker’s Email] |

Recipient address line 1

Recipient address line 2

Recipient address line 3

Recipient address line 4

Dear [INSERT NAME],

**Re:** [NAME OF APPLICANT]

The above person has made an application to become a foster carer for South Gloucestershire Council and has given me written permission to contact you in regard to this. A record of their consent is attached.

Before people are approved as foster carers, we are required to undertake a number of checks, and one of these is with former partners. The purpose of this letter is to see whether you have any concerns regarding the suitability of the named person to foster, or reasons to think that any child fostered with them could be at risk. Alternatively, you may be able to provide information in support of their application.

**EMAIL OPTION**

I would therefore be very grateful if you could complete the enclosed form and email it back to me using the email address below. You may not be able to answer all of the questions and if that is the case, please enter “N/A” or “unable to comment” in that box.

If you do not wish to complete a reference, I would be very grateful if you inform me of that decision by emailing: fosteringbusinesssupport@southglos.gov.uk

**POSTAL OPTION**

I would therefore be very grateful if you could complete the enclosed form and return it in the enclosed pre-paid envelope. You may not be able to answer all of the questions and if that is the case, please enter “N/A” or “unable to comment” in that box.

If you do not wish to complete a reference, I would be very grateful if you inform me of that decision by emailing: fosteringbusinesssupport@southglos.gov.uk

Please remember to tick one of the boxes at the end of the form to show your agreement or otherwise for us to share your reference with the applicant. If you ask for your reference or parts of your reference to remain confidential, we will respect this. Please be aware that the information you provide (including your name, contact details, and any other personal information you choose to share) will be seen by social workers and other staff, including members of our fostering panel. Your written reference will be kept on the applicant’s case record, which is held securely on an electronic data base.

If the applicant is approved as a foster carer, this case record will be held for a period of at least 10 years from when they cease to foster, in line with the legal requirements, and the information cannot be removed during that period. If the applicant is not approved, then the case record will be held for at least three years from when that decision is made. The reference you provide may also be shared with social workers and others who are exploring whether to place a child or young person with this foster carer.

If you would like to discuss any aspect of the applicant’s suitability to become a foster carer, or have any questions about this letter, please do not hesitate to contact me.

Thank you in anticipation of your help with this matter.

Yours sincerely,

p.p. [Business Support Worker]

**[Name of Assessing Social Worker]**

Fostering Service

South Gloucestershire Council

**Former Partner Reference Form**

| **NAME OF APPLICANT** |
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| **PERSON COMPLETING THE REFERENCE** |
| **Name** |  |
| **Email (optional)** |  |
| **Telephone (optional)** |  |

| **Which of the following best represents your view? Please tick one box.** |
| --- |
| * I have no concerns about the named person fostering or adopting children.
* I do not think the named person is suitable to foster or adopt children, and I have provided written reasons for this below.
* I have concerns about whether the named person is suitable to foster or adopt children, and I would like to discuss this with you.
* Other.
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| **Please provide any information that you think is relevant (using additional pages as necessary).** |
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| **Please tick one of the following boxes to indicate your consent to sharing the information you have provided:** |
| --- |
| * I am happy for my reference to be shared with the named person.
* I wish for my reference to remain confidential.
* There are parts of my reference that I want to remain confidential and would like to discuss this with you.
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| --- | --- |
| **Signature** |  |
| **Date** |  |

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| **PLEASE RETURN THIS REFERENCE TO:** |
| **Name** | ICS CAH Business Support BMR |
| **Fostering Service** | South Gloucestershire Council  |
| **Email**  | Email: fosteringbusinesssupport@southglos.gov.uk |
| **Postal Address** | Department for PeopleBusiness Support Central PO Box 1955 Bristol BS37 0DE |