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| Recipient address line 1  Recipient address line 2  Recipient address line 3  Recipient address line 4 | 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] |

Dear

**Re: [NAME OF APPLICANT(S)]**

**Single 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.

**Joint Application:** The above persons have made an application to become foster carers for South Gloucestershire Council and have given me written permission to contact you in regard to this. A record of their consent is attached.

**EMAIL OPTION ONLY**

As part of the fostering assessment we must write to various agencies to ask for background checks, not only on applicants but on the children within their household. I should be grateful if you would check your records for all of the persons mentioned within this letter, and fully complete the enclosed Local Authority Reference Form, highlighting if there is anything in your records which could make the applicants unsuitable to be approved as foster carers. Then email it back to me using the email address below.

If you do not wish to complete checks, I would be very grateful if you inform me of that decision by emailing: [fosteringbusinesssupport@southglos.gov.uk](mailto:fosteringbusinesssupport@southglos.gov.uk)

Any reference supplied will be treated in confidence. However the reference may be disclosable pursuant to the Data Protection Act 1998 and therefore no guarantee can be given that it will not be shown to the applicant should he or she make a subject access request pursuant to that Act. Referees will be approached should any subject access request be received.

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

**Local Authority Reference Form**

| **Name of person to be checked** | **Date of Birth** |
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| I confirm that our records have been check in respect of the applicants/ household members as notified to us by South Gloucestershire Council *(as attached)*: **Yes / No\***  Information **is / is not\*** held by this organisation in respect of previous involvement with the applicants/ household members/ approved carers *(\*please delete as appropriate).* |
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|  | **Applicant 1** | **Applicant 2** | **Household Member(s)**  **(please state which member)** |
| Currently/ previously known to Adult Social Services | **Yes / No** | **Yes / No** |  |
| Currently/ previously known to Education Services | **Yes / No** | **Yes / No** |  |
| Currently/ previously known to the Youth Offending Team | **Yes / No** | **Yes / No** |  |
| Currently/ previously known to Housing and Environmental Health Department | **Yes / No** | **Yes / No** |  |
| Information which could make them unsuitable to be approved as a foster carer/ part of a fostering household |  |  |  |
| If yes to any of the above, please outline brief details of this information below: | | | |
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| **PERSON COMPLETING THIS FORM** | |
| **Name:** |  |
| **Position:** |  |
| **Organisation name:** |  |
| **Address:** |  |
| **Contact telephone number:** |  |
| **Signature:** |  |
| **Date:** |  |

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