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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],

**Single Applicant:**

**Re:** [NAME OF APPLICANT]

**Re:** [NAME OF CHILD(REN)]

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:**

**Re:** [NAME OF APPLICANTS]

**Re:** [NAME OF CHILD(REN)]

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.

Before people are approved as foster carers, we are required to undertake a number of checks and references in order to help us decide whether they are suitable for this role. The purpose of this letter is to see whether you have any concerns regarding the parenting of the applicant’s own child(ren) or reasons to think that any fostered children who are placed with them could be at risk. Your reference might also help to identify the strengths that the family have and provide evidence about whether they would be able to support a fostered child.

**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.

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](mailto:ics-cahbusinesssupportbmr@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.

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](mailto:ics-cahbusinesssupportbmr@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, subject to any safeguarding considerations.

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

**Health Visitor Reference Form**

| **NAME OF APPLICANT/S** |
| --- |
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|  |

| **NAME OF CHILD/CHILDREN** |
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| **PERSON COMPLETING THE REFERENCE** | |
| **Name** |  |
| **Nursery** |  |
| **Position** |  |
| **Email** |  |
| **Telephone** |  |

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| --- |
| **How has the applicant cared for their own or other people’s children, including listening and communicating with them?** |
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| **Have you ever had any concerns regarding the safety or well-being of children in this family? If so what was the nature of this concern?** |
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| **The applicant’s ability to communicate with health professionals?** |
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| **Please provide any other information that you think is relevant (using additional sheets if 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 applicant. * 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. |

|  |  |
| --- | --- |
| **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:ics-cahbusinesssupportbmr@southglos.gov.uk) |
| **Postal Address** | Department for People Business Support Central  PO Box 1955  Bristol  BS37 0DE |