Appendix B

**AGENCY DECISION IN RESPECT OF FOSTERING REVIEW RECOMMENDATION**

|  |  |
| --- | --- |
| **Name of Carers/Applicants:** |  |
| **Date of meeting:**  |  |
| **Panel Recommendation:** |  |
| **Date of Agency Decision Maker Meeting:** |  |
| **Attended by:** |  |
| **Documents referred to in reaching the decision:** |  |
| **What are the key arguments?** |  |
| **Was the review process fair?** |  |
| **Is there any additional information now available and does this impact on the recommendation?** |  |
| **Did the review address the arguments?** |  |
| **What reasons were given for the recommendation and are these being adopted in making the decision?** |  |
| **Are there any further reasons for the decision?** |  |
| **Agency Decision** | **Agreed / Not Agreed** |

This decision is made under the Fostering Regulations 2011 and Statutory Guidance.

Signed: Date:

**Ged Crowther**

Interim Assistant Director

Children, Young People and Families