

**Foster Carer Sessional Worker Profile**

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| **Full name** |  |
| **Home address** |  |
| **Contact telephone number** |  |
| **Contact email address** |  |
| **Fostering Social Worker name** |  |
| **Fostering team** |  |
| **Length of experience fostering** |  |
| **Current fostering commitments** |  |
| **Occupants in current household** |  |
| **Availability** |  |
| **Reason for offering support** |  |
| **Area available or willing to travel to** |  |
| **Specialised areas (please tick those that apply)** | Mental health  Behavioural management  Teenagers  Learning disability  Medical or physical disability  Criminality  Parent and child  Unaccompanied asylum-seeking children or young people  Children whom have been sexually exploited  Counselling skills  Missing  Other, please state:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Support offered (please tick those that apply)** | Able to escort a child or young person to school, contact or activities  Additional 1:1 support in a carers home to support another carer  Provide a child or young person with additional activities or interests  Additional support in emergency situations  Planned ongoing support to assist with planned and identified needs of the child or young person  Able to provide support during evenings and weekends  Able to provide support during the day only  Able to provide support during the school summer holidays  Supervising contact sessions  Chaperone a child or young person on behalf of a foster carer |
| **Practical assistance that is available (please tick those that apply)** | Available car seats for children  Access to resources for activities |
| **Date Profile completed** |  |

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| **Fostering Social Worker’s supporting statement** | |
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| **Name of FSW:** |  |
| **Date:** |  |

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| **Fostering Team Manager’s comments** | |
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| **Team Manager’s Name:** |  |
| **Date:** |  |