**PAYMENT FOR SKILLS FOSTER CARERS STATEMENT OF EVIDENCE**

***(To be included in the Foster Carers Annual Review or as a statement when Payment for Skills is being considered between Annual Reviews)***

|  |  |
| --- | --- |
| **Foster Carer(s):** | **Date of Birth**  |
|  |  |
|  |  |
| **Foster Carer(s) Terms of Approval:**  |  |
| **Current Payment for Skills Level:**  |  |
| **Fostering Social Worker:**  |  |
| **Fostering Team:**  |  |

|  |
| --- |
| **Foster Carer Statement of Evidence:** *(****For Skilled and Advanced levels –*** *Use the Payment for Skills criteria to provide a written statement outlining what Skills Level you think you have worked at or achieved in the past year, evidencing the impact of your current practice with children in your care, your support to other foster carers and work within the wider service that is above and beyond the Skills Foundation Level 1. Your statement will inform recommendation and decision to either progress, maintain or decrease your skills level.)*  |
|  |
| **Self-Assessed Payment for Skills Level:** |
| **Foundation Level 1** **Skilled Level 2** **Advanced Level 3** |
|  | **Signature:** | **Date:** |
| **Foster Carer Signature:** |  |  |
| **Foster Carer Signature:** |  |  |