**PAYMENT FOR SKILLS FOSTERING SOCIAL WORKER STATEMENT**

**PANEL ON:**

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| --- | --- | --- | --- |
| **Foster Carer Name:** | | **Date of Birth** | **Liberi Number** |
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|  | |  |  |
| **Foster Carer(s) Terms of Approval:** *(Include date registered)* |  | | |
| **Foster Carer(s) Current Skills Level:** |  | | |
| **Recommended Skills Level:** |  | | |
| **Fostering Social Worker:** |  | | |
| **Fostering Team:** |  | | |

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| --- | --- | --- |
| **Fostering Social Worker Statement:** *(Brief introduction and outline of evidence, training and support group attendance)* | | |
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| **Fostering Social Worker Recommendation** *(Progression, maintaining or decreasing the foster carer’s skills level)***:** | | |
|  | | |
|  | **Signature:** | **Date:** |
| **Fostering Social Worker Signature:** |  |  |
| **Fostering Team Manager Signature:** |  |  |
| **Foster Carer(s)Signature:**  *(I/we confirm I have seen and had a chance to comment on this report)* |  |  |