

PRIVATE FOSTERING ARRANGEMENT

CONSENT TO SEEK INFORMATION FROM RELEVANT AGENCIES – PARENTS AND THOSE WITH PARENTAL RESPONSIBILITY

As part of Bolton's Private Fostering assessment and approval process, it is the policy of the Children's Services to seek information from relevant agencies to inform the assessment and plan for the child. Staying Safe seeks your consent to contact the organisations outlined below to identify if they have any relevant information to contribute:-

- Greater Manchester Police
- Greater Manchester Probation Services
- Greater Manchester West Mental Health Trust
- General Practitioner
- NHS Bolton (formerly Bolton PCT)
- Housing provider (where applicable)
- NSPCC

Where other agencies have involvement with you and this is relevant to the assessment, your consent will be gained to contact them for relevant information.

Any information you provide will be used solely for the purposes of informing this assessment and the related decision making. Your information will be stored securely and will only be disclosed to those organisations identified above. Staying Safe will seek your consent should the need arise to contact other agencies not listed above.

Please complete the form and return to the allocated social worker as soon as possible.

NB – if during the course of the assessment any child protection issues are identified, Child protection procedures will be followed; you will be kept informed if this is the case

PARENT/CARER DETAILS

Please complete in black ink and using capital letters.

FULL NAME	FORMER NAME OR MAIDEN NAME	DATE OF BIRTH	CURRENT ADDRESS	GP NAME AND PRACTICE ADDRESS

Have you had any previous addresses in the last **five** years?

Yes No

If yes, please provide information about any previous addresses you have had.

ADDRESS 1	ADDRESS 2	ADDRESS 3	ADDRESS 4	ADDRESS 5

Declaration

While I understand that I will be informed of any convictions so revealed by contact with the Criminal Records Bureau or police checks; I also realise that other information so revealed from my general practitioner, health agencies or other Departments has been disclosed in confidence. I consent to these disclosures and for the agencies to be contacted and information shared.

Name (Print):- _____

Signature: - _____

Date: - _____

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Signature:- _____