

**Record of Decision Re Access to Birth Records
(Counselling undertaken by another Agency)**

Name of Adopted Adult:

Name of Social Worker
(Receiving Agency)

Name & address of
Receiving Agency:
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Other Agencies involved:

Documents provided to the Agency:

(Bolton do not provide documents that pertain to a third party, that are confidential, or information that would not assist the person understanding their adoption)

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Any documents not shared? Please state reasons why:

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Has the person receiving the records signed the receipt of records form?

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Please provide feedback of the interview with the record holder:

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Social Worker
(Receiving Agency): Date:

Social Worker (Bolton): Date: