



For alternative formats, languages or further information, please ask an English speaking friend or relative to:

Phone: 01343 563319  
Email: [equalopportunities@moray.gov.uk](mailto:equalopportunities@moray.gov.uk)  
Write to: Project Officer (Equal Opportunities)  
Chief Executive's Office  
High Street  
Elgin  
IV30 1BX

## Private Fostering Notification

### Details of the Child/Young Person:

Full Name	
NHS Number	
Name child likes to be known by	
Gender	M/F
Ethnicity	
Date of Birth	
Address	
Telephone Contact Numbers	

### School Details:

School Attended	
Contact Person/Designation	
Address	
Telephone/Email Contact	

### Details of Medical Centre:

Doctor	
Health Visitor	
Contact Address	
Email if applicable	
Telephone Contacts	

**Reason for Placement:**

**Date Placement started/ will start\*** for placements that will be more than 28 days

**Details of Parent:**

Name	
Address	
Telephone Contacts	

**Details of Parent:**

Name	
Address	
Telephone Contacts	

**Details of Proposed Carers:**

Name/s	
Relationship to Child	
Address	
Telephone Contacts	

**Consent of Parent/s**

I authorise (name of carer) .....

to care for my son / daughter (child's name) .....

in a private fostering arrangement.

I consent to the Local Authority undertaking checks in respect of this arrangement in accordance with the Private Fostering Regulations 1985.

I consent to the Local Authority Social Work department undertaking visits to my son / daughter while in this placement.

I agree to notify the Local Authority Social Work department of any change in my circumstances or of these arrangements.

**Signatures:**

<b>Parent: -</b>	
<b>Date: -</b>	
<b>Parent: -</b>	
<b>Date: -</b>	

**Consent of Private Foster Carers**

I (name of carer).....

agree to care for (name of child) .....

in a Private Fostering arrangement.

I agree to the Local Authority undertaking checks in respect of this arrangement in accordance with the Private Fostering Regulations 1985.

I agree to the Local Authority Social Work department undertaking visits to (name of child) in my home.

I agree to notify the Local Authority Social Work department of any change in my circumstances or of these arrangements.

**Signatures:**

<b>Carer: -</b>	
<b>Date: -</b>	
<b>Carer: -</b>	
<b>Date: -</b>	

**This form should be returned to: -**

**Kinship Care (Private Fostering)  
The Moray Council  
High Street  
Elgin  
IV30 1BX  
Tel: 01343 563686**