

Appendix 5

# COMMUNITY SERVICES

#### Kinship Care

**Rose Cottage, Greyfriars Street, Elgin, Moray. IV30 1LF**

**Contact Kinship Care Senior Social Worker**

**Telephone: 01343 563686**

**Fax: 01343 563579**

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| Susan Maclaren | **E-mail: ruth.jeffries@moray.gov.uk** | |
| Head of Children & Families  and Criminal Justice Services | **Website: www.moray.gov.uk** | |
| Our Ref: RJ/ | |  |
| Your Ref: | |

*date*

Dear

**RE: *name and address***

**Kinship Care Assessment**

As you may know, *(name of applicants)* are being assessed by the Moray Council to be kinship carers. They have given your name as a referee who would be able to comment on their home life and abilities with children.

I would be grateful if you could complete the attached personal reference form and return it to me. I may need to talk with *(name of applicant)* about some of the things you tell me so please indication if you are willing for me to share it with the applicant. If you have any difficult with the form please ring me on the above number and I will be happy to help.

Thank you for your time.

Yours sincerely

##### Ruth Jeffries

##### Senior Social Worker

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