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**Kinship Care Reference**

**Referee Details**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Name of applicant |  |
| Address of applicant |  |
| How long have you known the applicant |  |
| In what capacity (ie friend/neighbour) |  |

**How much, and what type of contact do you currently have with the applicant?**

Please comment

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| --- |
|  |

**Do you have any concerns that children / young people placed with the applicant may be at risk of harm? Yes / No**

Please comment

|  |
| --- |
|  |

**Do you believe the applicant is able to provide appropriate care for children? Yes / No**

Please comment

|  |
| --- |
|  |

Your responses are confidential and will not be shared with the applicant without your consent.

**Do you give your consent for this reference to be shared? Yes / No**

**Signed ........................................................ Date ............................**