

SS380(Apr08)

**Durham County Council
Children & Young People's Services
Private Fostering Notification**

To be completed when notifying social services about a private fostering arrangement.

PRIVATE FOSTER CARER(S)/PROPOSED CARER(S)

Name	Gender	Date of Birth	
Ethnic Group		First Language	Religion
Name	Gender	Date of Birth	
Ethnic Group		First Language	Religion
Current Address			Telephone
Addresses in last 5 years			

CHILD(REN)/YOUNG PEOPLE TO BE PLACED

Name	Gender	Date of Birth	
Ethnic Group		First Language	Religion
Name	Gender	Date of Birth	
Place of Birth			
Ethnic Group		First Language	Religion
Name	Gender	Date of Birth	
Ethnic Group		First Language	Religion
Name	Gender	Date of Birth	
Ethnic Group		First Language	Religion
Current address			Telephone

OTHER SIBLINGS (Related to above)

Name of Child	Gender	Date of Birth	
Name of Carer			
Ethnic Group		First Language	Religion
Address			Telephone
Name of Child	Gender	Date of Birth	
Name of Carer			
Ethnic Group		First	Religion

Address		Language	
		Telephone	

PARENT/any other person with parental responsibility

Name	Gender	Date of Birth	
Ethnic Group	First Language	Religion	
Address		Telephone	
Addresses over last 5 years			
Name	Gender	Date of Birth	
Ethnic Group	First Language	Religion	
Address		Telephone	

PLACEMENT DETAILS

Name and address of person with whom child lived prior to Private Fostering arrangement:

Date started/planned to start	
Purpose of placement	
Planned duration of placement	

SIGNATURE AND DETAILS OF PERSON COMPLETING THIS FORM

Signed:		Date:
Name	Relationship to child	Date of Birth
Address		Telephone