# BOLTON COUNCIL CHILDREN’S SERVICES DEPARTMENT

**CONFIDENTIAL** **Private Fostering Applicants – Medical Reference**

# (Name / dob)

# Address Male Applicant Female Applicant

|  |  |  |
| --- | --- | --- |
| How long have you known the applicants |  |  |
| Do you speak from fairly close knowledge of their home life |  |  |
| What is the condition of the applicants general health? |  |  |
| Specifically, do either of the applicants suffer from any chest complaint which could render them as unsuitable to adopt/foster? |  |  |
| Have the applicants suffered any serious illnesses, including mental or nervous disorder? (Please specify with dates and results of effects where appropriate) |  |  |
| Do you consider the applicants to be stable, mature personalities, and are they well-adjusted maritally? |  |  |
| Do you think that the applicants will pull together in the care of a child and cope with problems inherent in adoption or fostering? |  |  |
| Are you aware of anything to the detriment of the applicant’s character or good reputation? |  |  |
| Have you any hesitation in recommending the applicants as physically, mentally and emotionally suitable persons to adopt or foster a child? |  |  |
| Do you prefer to discuss the applicants with a member of the District Social Work Team? |  |  |

Signed Address

Date

#  CF309(A) – December 2006