**BOLTON COUNCIL Form H (2)**

**CHILDREN’S SERVICES DEPARTMENT**

# PRIVATE & CONFIDENTIAL STATUTORY REFERENCES

To: Adoption/Fostering Administrator From:

Halliwell Children’s Centre Referral and Assessment Team

Aylesford Walk Castle Hill Centre

Halliwell Castleton Street

Bolton BL1 3SQ Bolton, BL2 2JW

Date: Enquiries to: Telephone No:

The following have applied to this Department to care for a child(ren). To enable us to gather statutory references would you please check the relevant records to see if you have any knowledge of this family. The attached notes may be helpful to you but if you have any problems or queries please contact the above.

**Reason for Application:** PRIVATE FOSTERING APPLICATION

**Name of Applicants:**

**(including previous names)**

**Dates of Birth:**

**Address:**

**Previous Addresses:**

**(within the past 5 years)**

# Names of Children M/F D.o.b. School he/she attends

**Name & Address of G.P:**

## BOLTON HEALTH SERVICES

# Records checked: Yes/No

**Significant Comments:**

**Signed:**   **Date:**

**Health Centre/Clinic:**

**Tel No**.

**P.T.O.**

**NOTES ON FORM H (2)**

Couples and families approach the Social Services Department to care for other people’s children in a variety of ways. It may be the ‘full time’ care given by an adopter or foster carer or helping children for shorter periods through, for example, day fostering, child minding or respite care.

In all of these situations we need to carefully assess the contribution the applicants can make to the lives of the children placed with them.

Information from Health Visitor records which helps to give a picture of the care their own children have received is obviously very important to us for this process. This should concentrate both on any concerns you may have but also any positive comments you can make as well.

Please ring us if you wish to discuss any issues further.

# CF311(A)

**December 2006**