**PRIVATE FOSTERING AGREEMENT**

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| **1. Child/young person** (if of sufficient age and understanding) | | | | | |
| I ........................................................................ (name of child /young person) agree to be  privately fostered by ........................................................................ For a period of  ........................................... and understand the agreed arrangements with  ...................................................................... in respect of contact arrangements, medical  treatment and engaging in education | | | | | |
| **Name:** |  | **Signature:** |  | **Date:** |  |

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| --- | --- |
| **2. Specific Arrangements** | |
| **Education arrangements:** |  |
| **Health arrangements:** |  |
| **Financial arrangements:** |  |
| **Contact arrangements:** |  |

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| **3. Private Foster Carer** |
| I/we agree to act as private foster carer(s) for ..........................................................................  And understand the wishes of .........................................................................................  In respect of contact arrangements, medical treatment, education.  I/we agree to not use physical chastisement towards the privately fostered child/children in my/our care.  I/we agree to inform Children and Young People’s Services of any changes made to this arrangement and/or to the home environment that may affect the privately fostered child/children in my/our care.  I/we agree to cooperate with Children and Young People’s Services in enabling them to execute their legal responsibilities towards privately fostered children.  I/we agree to promote the welfare of the privately fostered child/children in my/our care and will not engage in any activity that will place the privately fostered child/children in my/our care at risk of harm. |

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| **Private Foster Carer signatures** | | | | | |
| **Name:** |  | **Signature:** |  | **Date:** |  |
| **Name:** |  | **Signature:** |  | **Date:** |  |

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| **4. Parent(s)/person with parental responsibility** | | | | | |
| I/we agree to .............................................................................................................................  being privately fostered by .......................................................................................................  I/we who have parental responsibility for .................................................................................  agree to ...................................................................................................................................  To give consent for any medical treatment which ......................................................... Is not capable of giving.  I/we have agreed and understood arrangements for contact between ................................................... myself/ourselves and any other significant persons.  I/we expect the private foster carer of my/our child to ensure his/her learning is promoted by him/her attending educational provision. | | | | | |
| **Name:** |  | **Signature:** |  | **Date:** |  |
| **Name:** |  | **Signature:** |  | **Date:** |  |