Part 3A - a written form of authority for information

|  |  |
| --- | --- |
| **NAME OF APPLICANT**(please give your own name only as this form will be sent to persons / agencies from whom checks are requested) | Click here to enter text. |
| **DECLARATION** |
| I have signeda written form of authority allowing for enquiries being made and I give my permission to Fostering People, or their authorised representatives, to obtain references and view relevant files in connection with:* My personal referees
* Ex-partner checks
* My employers specified and any former employer or voluntary agency
* My GP and/or other relevant health professional in connection with my medical records
* Any fostering provider to whom I have previously applied, or fostered for, and/or any individual or authority in connection with any previous private fostering arrangement I have been involved with
* Any local authority, CAFCASS (where appropriate), other public body or voluntary agency who may hold information pertinent to my prior involvement in child minding or day/play care provision for children, work in any children’s residential care setting, or work or other activities in connection with services to vulnerable adults or children
* Disclosure and Barring Service (DBS) checks with the Police, DOH and DfE
* Local Authority checks including, potentially, employment records, client records and child protection records
* Checks with my children’s schools where applicable
* Immigration checks as may be required
* I have been advised that an Internet check (public domain searches only) will be required before an assessment is begun

 **I agree that in making any of the enquiries above in connection with my application to be considered as a Foster Carer, Fostering People or their authorised representative have my permission to request disclosure of relevant information as may be held by any of the individuals, agencies or authorities listed above.****I agree to produce a copy of my Disclosure and Barring Service Check certificate when requested for examination and copy by Fostering People staff, as required.** *The process of assessment requires Household members over the age of 18 to undertake a Criminal Record check with the Disclosure & Barring Service. When Fostering People are notified that the disclosure contains information of convictions/cautions the household member will be required to produce the certificate for examination within 5 days of receipt (a copy may be required for the purpose of risk assessment). The assessment cannot proceed until this process is completed. Note: Should either the applicant or household member intend to challenge the information disclosed by DBS a risk assessment of the information can be undertaken by Fostering People to avoid delay in the assessment process, as some minor convictions/cautions do not necessarily indicate that applicants/Household members are ‘unsuitable’.**On occasion, there may be a requirement for additional checks to be undertaken in which case your specific written form of authority will be sought.* |

|  |
| --- |
| **I understand that this information and references will be used as part of the assessment of my suitability to foster with Fostering People. I understand that follow up enquiries may be made of any of the above agencies and referees should it be deemed necessary, by Fostering People, the assessing Social Worker on behalf of Fostering People, the Medical Advisor to Fostering People, and/or at the request of the Fostering People - Fostering Panel.****I understand that while fostering for Fostering People some or all of these enquiries will be renewed on a regular basis.****I declare that all the information I have provided in this application is true to the best of my knowledge and belief, and that I have not withheld any relevant information. I understand that if I have deliberately made any false statements or intentionally omitted any information I am liable to have my application rejected.****Personal data supplied on this form will be held on and/or verified by reference to information already held on computer.** **In signing this application form I give permission to Fostering People to access, store and process this data, in accordance with the provisions of the Data Protection Act 2018 and other related child protection legislation. I understand that Fostering People will take all reasonable care to ensure that data held is maintained safely and securely according to current legislation and good professional practice.****I understand that submission of this application attracts no guarantee of subsequent approval as a Foster Carer for Fostering People, nor that the assessment required will necessarily be completed; but I understand that any decision by Fostering People to discontinue assessment, or refuse approval upon completion of assessment, will be provided to me with reasons.****I understand that Fostering People is required to pass to the statutory child protection authorities any information provided by an applicant, which Fostering People considers relevant to ensuring the current or future safety or wellbeing of any child. In most situations this would involve discussion with and agreement from the applicant. In exceptional circumstances this could happen without such agreement, where Fostering People believe it to be in the interests of specific children or in the public interest.** |
| DECLARATION[ ]  I confirm I have read, understood and agree to the above  Name: Click here to enter text. Signature: Click here to enter text.Date: Click here to enter a date. |