**FORM OF AUTHORITY**

I confirm that I am associated with an Applicant who has made an application to Foster Care Associates Limited to be considered and assessed as a foster carer.

I am classed as one of the following:

* A member of that Applicant’s household or family (referred to as a ‘Household/Family Member’);
* A support person to that Applicant (referred to as a ‘Support Person’); or
* A person who frequently visits the Applicant’s household (referred to as a ‘Person On The Periphery’).

I acknowledge that I have received a Privacy Notice from Foster Care Associates Limited in which it is explained that as part of the Applicant’s assessment process, certain checks and enquiries may be undertaken in respect of myself with various individuals or organisations. Such checks and enquiries may also be undertaken during the fostering relationship if the Applicant is approved as a foster carer by Foster Care Associates Limited. This includes checks and enquiries with the following sources:

* My employer, voluntary agency, landlord, local authority/trust, regulator, my birth child, ex-partner, referees and/or child’s school/nursery where applicable.
* 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 which I have been involved with.
* Any adoption agency to whom I have previously applied or adopted for, and/or any individual or authority in connection with any previous private adoption arrangement which I have been involved with.
* Any local authority/trust, 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.
* My doctor, hospital and/or other relevant health professional.
* The Applicant.
* Disclosure & Barring Service/Disclosure Scotland/Access NI in respect of criminal convictions, with or without the use of an intermediary external government-accredited agency.
* Other parties such as an assessor of the application.
* Other checks and enquiries which may be relevant, depending on the circumstances.

I also acknowledge that the relevant basis for undertaking such checks and enquiries has been outlined in the Privacy Notice which I have received from Foster Care Associates Limited.

Name ………………………………………………………..

Signature …………………………………………………..

Date …………………………………………………………..

Name of the Applicant/s you are associated with: ……………………………………………………...