**WE WOULD LIKE TO THANK YOU FOR YOUR HELP WITH £500**

**IF YOU HELP US INCREASE THE NUMBER OF FOSTER CARERS IN SUFFOLK**

 If you are a Suffolk Foster Carer you can receive £500 each time you help us to recruit more fostering

Households.

Simply complete the form below, have it countersigned by the person you are introducing, then send it

in to us or alternatively email it to us copying in the email of the person you are introducing.

For someone who wishes to foster there is a thorough assessment process which takes around 6

months. If after having completed the assessment, the person you have introduced is then approved by

the Fostering Panel, you will be contacted to receive your thank you payment.

Please note, that we need the form completed and returned BEFORE the person’s initial enquiry to

foster, and **not** after they have been approved.

**Terms and conditions:**

* ALL carers are eligible to introduce and claim payment however, payment will only be made on approval of mainstream carers offering full time care (this excludes approval of Family and Friends carers, short-break and LINK carers.)
* Approval must take place within 12 months of the introduction form being received.
* If two or more people introduce the same person, the £500 will be divided between all those who have introduced them.
* The introduction form will need to be received at the time of the initial enquiry, payment will not be made if the form is submitted after an initial visit has taken place.
* In line with our need to recruit to our priority groups, please note we are limiting applications from those offering to care for under 5’s only or where there is a very narrow offer. We therefore may not always be able to accept applications or Introductions forms.

Simply complete the form below, have it countersigned by the person you are introducing, then send it in to us, or alternatively email it to us copying in the email of the person you are introducing.

For someone who wishes to foster there is a thorough assessment process which takes around 6 months. If after having completed the assessment, the person you have introduced is then approved by the Fostering Panel, you will be contacted to receive your thank you payment.

Please note, that we need the form completed and returned BEFORE the person’s initial enquiry to foster, and **not** after they have been approved.

 **Your details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Your name: |  | Tel No: |  |
| Address: |  | Email: |  |
| A good time for us to call you (days/time) |  |

**How long have you known this person and in what capacity?**

You don’t need to know them well, but you will need to have met them within your own social network:

**Why have you introduced them?**

Your signature:                                                                                   Date:

(or state return by email)

**Please contact the person named overleaf.**

**Details of interested party:**

I would like to find out more about becoming a foster carer for Suffolk County Council.

Please telephone me / send me an information pack (delete as appropriate)

|  |  |  |  |
| --- | --- | --- | --- |
| Your name: |  | Email: |  |
| Home Tel No.: |  | Mobile Tel No.: |  |
| Address: |  | A good time for us to call you (days/times) |  |

**I confirm I know the person introducing me:**

Signature:                                                                                               Date:

(or state return by email)

Please email to: fosterandadopt@suffolk.gov.uk

Or post to: Fostering and Adoption Recruitment and Assessment Team, Floor 4 Gold Block, Endeavour

House, Russell Road, Ipswich, IP1 2BX

We will call you within 2 working days of receiving your form but in the meantime please browse our website [www.fosterandadopt.suffolk.gov.uk](http://www.fosterandadopt.suffolk.gov.uk) or [Facebook page](https://www.facebook.com/Suffolkfostering) to find out more about fostering for Suffolk

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*Office use only:  please attach this form to the Registration Form and initiate contact if not already made*

**Manager/Consultant Social Worker**

Confirmation of the introduction and agree payment if approved: Name:

Signature:                                                                             Date: