

Fostering Family Grant Application



Portsmouth
CITY COUNCIL

Date:

Application No.

Name of Applicant:

Address:

Postcode:

Tel number:

Mobile number:

Email:

Supporting Social Worker:

If this grant is for a specific child -

Name of child:

Swift number:

What is the grant for? - (please describe in detail)

Client contribution (please detail any contribution the client is making in line with the policy)

Reason why the work is required - (please also detail what would happen should this work not go ahead and what alternative options have been considered and rejected)

DECLARATION

I confirm that the information supplied above is correct.

Name

Signature of Applicant

Date

PLEASE DELETE AS APPROPRIATE

A I confirm that to the best of my knowledge and belief I/we have no links with PCC that may give rise to conflict when this application is determined.

B) If you cannot confirm the above please give details here.

.....

Name Signature

Position Organisation

Date

DATA PROTECTION STATEMENT

The information supplied on this form will be stored on a database for use **ONLY** by Portsmouth City Council and used for internal and external monitoring purposes.

We must protect the public funds we handle and we may use the information you have provided on the form to prevent and detect fraud. We may also share this information, for the same purposes, with other organisations who allocate public funds.

Any personal details kept here will **ONLY** be used in conjunction with the organisation in a contact capacity and will not be forwarded to any other organisation except as a contact for the said organisation.

I accept the above statement

Name Signature Date

PORTSMOUTH CITY COUNCIL

Office use only -

Please ensure that the following documents accompany this application form.

- Approved EOI form
- Confirmation that the family will task a solicitor to act for them should the cost exceed £20,000

Approval

This request is approved / rejected

Signed _____

Date _____

Head of Looked After Children

On approval - forward to - Housing Business Partner
Housing, Neighbourhood & Building Services

If rejected - return to Service Lead to notify carer