

ADOPTION, FOSTERING, FOSTER CARER REVIEWS AND KINSHIP PANEL MEMBER APPLICATION FORM

Name:

Designation:

Work Address:

Work Tel No:

Preferred contact address:

If different from above

Preferred contact phone number:

If different from above

Email address:

Experience, Qualifications, Relevant Training and/or Continued Development Relevant to Panel Membership

Please outline any experience, qualification, training etc that would be relevant as a Panel Member eg experience of working in child care, adoption/fostering.

Are you a member of the PVG scheme?: **Yes** **No**

If yes, is the registration in relation to:

If no, do you have an up to date Disclosure Scotland check: **Yes** **No**

Professional bodies

Are you a member/registered with any professional bodies: **Yes** **No**

If yes, please list these and the date of expiry/renewal:

Line Manager's Consent

If you are currently working please seek consent from your Line Manager in relation to becoming a Panel Member given there is a time commitment that may impact on your workload. If your Line Manager is in agreement with your application to become a Panel Member they should sign below:

Name:

Designation:

Signature:

Date:

Applicant's Signature:

Date:

Please return completed form to familyplacementteam.cbs@falkirk.gov.uk