

CoramBAAF Consent to Checks and References
(for use with Form C, Form F, and Form PAR)

APPLICANT 1	
Full name	
Date of birth	
Previous name(s)	

APPLICANT 2	
Full name	
Date of birth	
Previous name(s)	

CHILDREN (UNDER 18)	
Full name	Date of birth

CURRENT ADDRESS	
DATE FROM	

Please use a separate sheet to provide previous addresses with dates the applicant lived at them. Note: the fostering service or adoption agency is permitted to amend this box to specify how far back the applicant is required to go with previous addresses in order to comply with their policy.

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APPLICANT CONSENT	
<ul style="list-style-type: none"> • I consent to [INSERT NAME]_____ fostering service/adoption agency making written and/or verbal checks with the organisations and individuals indicated below • I consent for checks to be made on my children with these organisations and individuals as appropriate. • I have consulted with and sought the views of my children according to age and understanding, and they have no objection to these checks being undertaken. 	

- Criminal record check
- Local authority for current address
- Local authority for previous addresses
- Police service/state embassy for another country where lived
- Current employer (including voluntary positions)
- Previous employers (including voluntary positions) where the work involved children or vulnerable adults
- Previous fostering services or adoption agencies
- Schools and colleges currently attended by my/our children
- Health visitors currently allocated to my/our children
- NSPCC
- Ofsted
- Personal referees (as listed in my/our application form)
- Children, including adult children
- Former partners

Name	
Signature	
Date	

Name	
Signature	
Date	

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OTHER ADULT CONSENT

NAME OF ADULTS CURRENTLY OR FORMERLY LIVING AT THE ADDRESS	
Full name	Date of birth

CONSENT
<ul style="list-style-type: none"> I consent to a local authority check and/or NSPCC check being undertaken for the above address or addresses using my name.

Name	
Signature	
Date	

Name	
Signature	
Date	

Name	
Signature	
Date	