**ANNUAL LEAVE NOTIFICATION**

**To be completed by foster carer(s) at least 8 weeks prior to the leave commencing**

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| **Carer’s name:**  **Telephone No:** | | **Address:**  **Postcode:** | | |
| **Annual leave entitlement is 28 days per year (pro-rata) April to March**  **(annual leave cannot be carried over from one year to the next)** | | | | |
| **DETAILS OF LEAVE BEING TAKEN**  **Any leave taken when you have a vacancy will be deducted from your leave entitlement.**  **All annual leave is counted in overnight stays and starts on the day that you drop off the child/young person, the return to fostering date is the date the child / young person returns to you.** | | | | |
| **First day of leave (date – inclusive)** | **Last day of leave (date – inclusive)** | **Date of return to fostering**  **(if alternative carer used)** | | **No. of days taken (inclusive)** |
|  |  |  | |  |
| * **PLEASE RECORD BELOW THE DETAILS OF ALL CHILDREN CURRENTLY PLACED WITH YOU** * **IF THE CHILDREN ARE REMAINING WITH YOU DURING THIS PERIOD OF LEAVE, PLEASE RECORD ALTERNATIVE CARER AS “N/A” (Not applicable)** * **IF THE CHILDREN ARE MOVING TO AN ALTERNATIVE CARER, PLEASE RECORD THE CARER’S DETAILS BELOW (if known)** | | | | |
| **Child’s Full Name:**  **Name and address of alternative carer is:** | | | | |
| **Child’s Full Name:**  **Name and address of alternative carer is:** | | | | |
| **Child’s Full Name:**  **Name and address of alternative carer is:** | | | | |
| **All leave placements must be authorised by the Fostering Service.**  **Has your supervising social worker authorised this leave?** | | | **YES / NO** | |

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Foster Carer Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Fostering Supervising Social Worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| ADMIN ONLY: | Spreadsheet | Database (event log) | ContrOcc (main) |
| ContrOcc (alt) | LCS notification | Scanned |