The PDP must be reviewed annually as a minimum as part of each Annual Review and at any other point in time where a consideration of the needs of the foster child is appropriate or the foster carer themselves would benefit from further training. This includes where any additional training has been identified to be undertaken with the foster carer as part of the initial Matching process for a child and to better enable the foster carer to meet that child’s individual needs. The completed PDP proforma needs to be submitted as part of the Annual Review papers, whether for presentation to Fostering Panel or a ‘paper’ review, and the Annual Review will not be able to be considered without this information being included.

The PDP must be completed between the foster carer and their SSW within supervision as a reflective discussion, considering the training already undertaken by the foster carer *only within this review period* as any further training should always complement existing knowledge and skills. This includes consideration of transferable training and skills undertaken outside of the fostering role. The PDP should be completed whilst referring to with the foster carers training guide.

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| **Foster Carer 1**  |  |
| **Foster Carer 2**  |  |
| **Supervising Social Worker** |  |
| **Team Manager**  |  |
| **Date of Foster Carers Approval**  |  |
| **Start date of PDP**  |  |
| **End date of PDP**  |  |

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| **Training/ Research Set for this PDP Period**  | **Foster Carer 1****Date**  | **Foster Carer 2** **Date**  |
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| **Mandatory Training Last completed**  | **Foster Carer 1****Date**  | **Foster Carer 2** **Date**  |
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| **Mandatory Training Due**  | **Foster Carer 1****Date**  | **Foster Carer 2** **Date**  |
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| **Other Training Events/ Reading and Research Completed** | **Foster Carer 1****Date**  | **Foster Carer 2** **Date**  |
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| **Identified Training Needs**  | **Foster Carer 1****Date**  | **Foster Carer 2** **Date**  |
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| **Identified Areas for Reading and Research** | **Foster Carer 1****Date**  | **Foster Carer 2** **Date**  |
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| **Barriers to achieving training**  | **Solutions to overcome this barrier including the support that will be offered**  |
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| **Foster carers comments, to include reflection on last year’s training and research** |
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| **Supervising Social Workers Comments** |
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| **Signatures** |
| Carer 1 Name *(Print name)*  | Carer 1 Signature  | Date  |
|     |   |   |
| Carer 2 Name *(Print name)*  | Carer 2 Signature  | Date  |
|     |   |   |
| Supervising Social Worker Name | Supervising Social Worker Signature  | Date  |
|  |   |   |