**Application to Foster**

**Applicant 1 (Primary Carer)**

|  |  |
| --- | --- |
| **Title** |  |
| **Forenames** |  | **Last name** |  |
| **Previous name (s)** |  | **Date From** |  | **To** |  |
| **Other “known by” names** |  |
| **Date of birth** |  | **Age** |  |
| **Place of birth** |  |
| **Home Number** |  | **Mobile Number** |  |
| **Email Address** |  |

**Applicant 2**

|  |  |
| --- | --- |
| **Title** |  |
| **Forenames** |  | **Last name** |  |
| **Previous name (s)** |  | **Date From** |  | **To** |  |
| **Other “known by” names** |  |
| **Date of birth** |  | **Age** |  |
| **Place of birth** |  |
| **Home Number** |  | **Mobile Number** |  |
| **Email Address** |  |

|  |  |
| --- | --- |
| **Home address** |  |
| **Postcode** |  | **At current address since (yy/mm)** |  |
| **Is this your permanent place of residence?****If no, please give details.** |  |
| **Is your home owned, mortgaged, shared ownership, privately rented, local authority rented? Please give details** |  |

**Previous Address**

Please list **all** addresses you have lived at **since you were born**. Start at your current address and work backwards**.** Please continue on a separate sheet if necessary.

It is crucial that **ALL** addresses from birth are listed at this stage to ensure that your application and assessment is not delayed.

|  |  |  |
| --- | --- | --- |
|  | **Applicant 1** | **Applicant 2** |
| **Previous Address** |  |  |
| **Date at this address** |  |  |
| **Name of local authority/council** |  |  |
| **Previous Address** |  |  |
| **Date of Address** |  |  |
| **Name of local authority/council** |  |  |
| **Previous Address** |  |  |
| **Date of Address** |  |  |
| **Name of local authority/council** |  |  |
| **Previous Address** |  |  |
| **Date at this address** |  |  |
| **Name of local authority/council** |  |  |
| **Previous Address** |  |  |
| **Date of Address** |  |  |
| **Name of local authority/council** |  |  |
| **Previous Address** |  |  |
| **Date of Address** |  |  |
| **Name of local authority/council** |  |  |

**Current Partnership status**

|  | **Applicant 1** | **Applicant 2** |
| --- | --- | --- |
| **Relationship Status – Single/** **Cohabiting/Divorced/Widowed/ Married/ Separated** |  |  |
| **Date set up household**  |  |  |
| **Date of Ceremony** |  |  |
| **Place of Ceremony** |  |  |

**Previous Partnerships**

|  | **Applicant 1** | **Applicant 2** |
| --- | --- | --- |
| **Have you ever had a significant relationship with a previous partner?****(lived with or had children with)** | **Yes / No** | **Yes / No** |
| **Would you object to him/her****being contacted?**  | **Yes / No** | **Yes / No** |
| **If you would object then please give brief details why**(Please note that in most circumstances it is necessary to contact previous partners) |  |  |
| **Contact details previous partner 1** | **Name** | **Name** |
| **Address** | **Address** |
| **Phone number/Email Address** | **Phone number/Email Address** |
| **Previous partner 2 - Would you object to him/her****being contacted?**  |  |  |
| **If you would object then please give brief details why**(Please note that in most circumstances it is necessary to contact previous partners) |  |  |
| **Contact details previous partner 2** | **Name** | **Name** |
| **Address** | **Address** |
| **Phone number/Email Address** | **Phone number/email Address** |
| **Previous partner 3 - Would you object to him/her****being contacted?**  |  |  |
| **If you would object then please give brief details why**(Please note that in most circumstances it is necessary to contact previous partners) |  |  |
| **Contact details previous partner 3** | **Name** | **Name** |
| **Address** | **Address** |
| **Phone number/Email Address** | **Phone number/Email Address** |

**Identity**

|  | **Applicant 1** | **Applicant 2** |
| --- | --- | --- |
| **Gender** |  |  |
| **Nationality** |  |  |
| **Ethnic origin** |  |  |
| **Primary language spoken in the home** |  |  |
| **Other language/s spoken in the home** |  |  |
| **Religion or faith group** |  |  |
| **Practising or non-practising** |  |  |
| **Are you registered as disabled?** |  |  |

**Occupation or profession**

|  | **Applicant 1** | **Applicant 2** |
| --- | --- | --- |
| **Current occupation****(if any)** |  |  |
| **Current employer** **(if any)** |  |  |
| **Name and job title of your manager** |  |  |
| **Date started** |  |  |

**Previous Occupation or profession**

Please provide details of all past employment from the past 5 years, accounting for any gaps. **Start with your most current employment and work backwards.** Continue on a separate sheet if necessary.

If you have worked with children or vulnerable adults at any time both paid or voluntary this **MUST** be included

|  | **Applicant 1** | **Applicant 2** |
| --- | --- | --- |
| **Previous occupation****(if any)** |  |  |
| **Previous employer** **(if any)** |  |  |
| **Name and job title of your manager** |  |  |
| **Dates from - to** |  |  |

|  |  |  |
| --- | --- | --- |
| **Previous occupation****(if any)** |  |  |
| **Previous employer** **(if any)** |  |  |
| **Name and job title of your manager** |  |  |
| **Dates from-to** |  |  |

|  |  |  |
| --- | --- | --- |
| **Previous occupation****(if any)** |  |  |
| **Previous employer** **(if any)** |  |  |
| **Name and job title of your manager** |  |  |
| **Dates from –to**  |  |  |

**Previous employment with children/vulnerable adults**

|  | **Applicant 1** | **Applicant 2** |
| --- | --- | --- |
| **Previous occupation****(if any)** |  |  |
| **Previous employer** **(if any)** |  |  |
| **Name and job title of your manager** |  |  |
| **Date started** |  |  |

|  |  |  |
| --- | --- | --- |
| **Previous occupation****(if any)** |  |  |
| **Previous employer** **(if any)** |  |  |
| **Name and job title of your manager** |  |  |
| **Date started** |  |  |

**Voluntary work undertaken**

|  | **Applicant 1** | **Applicant 2** |
| --- | --- | --- |
| **Name of organisation** |  |  |
| **Address:** |  |  |
| **Contact name:** |  |  |
| **Dates from-to** |  |  |

**Do you hold a valid driving licence?**

|  |  |
| --- | --- |
| **Applicant 1** | **Applicant 2** |
|  |  |

**Do you have regular use of the car?**

|  |  |
| --- | --- |
| **Applicant 1** | **Applicant 2** |
|  |  |

**Health and General Practitioner**

Please provide the name and address of your current GP.

|  | **Applicant 1** | **Applicant 2** |
| --- | --- | --- |
| **Name of General Practitioner** |  |  |
| **Address of GP practice** |  |  |
| **Telephone number** |  |  |

Have you or any member of your household or family, ever suffered from any serious illness (mental or physical) that might affect your ability to be a foster carer? If so, please give details below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of person**  | **Type of illness**  | **Date of illness and / or treatment**  | **Further information** |
|  |  |  |  |

**Who else lives in the household?**

| **Last name** | **Forename/s** | **Gender** | **Date of birth** | **Relationship to applicant/s** | **Current school / employer** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Are there any plans for anyone else to move into your home? If so, please give details:**

| **Last name** | **Forename/s** | **Gender** | **Date of birth** | **Relationship to applicant/s** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

**Foster carers are required to have a support network of people who can provide assistance in the case of an emergency, please provide details of any other adults (not in the household) who may have responsibility/unsupervised contact on a regular basis for the care of any child/ren placed? i.e. Babysitters, child minders.**

*\*indicates that they are subject to DBS disclosure and further information will be required with a signed consent*

| **Last name** | **Forename/s** | **Gender** | **Date of birth** | **Relationship to applicant/s** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Do you have children (under 18) from a current or previous partnership living elsewhere? Please also include any details of children who have died**

| **Last name** | **Forename/s** | **Gender** | **Date of birth** | **Relationship to applicant** | **Address and any other details** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Do you have adult children (over 18) living elsewhere? (Please also include details of any adult children who have died)**

| **Last name** | **Forename/s** | **Gender** | **Date of birth** | **Relationship to applicant** | **Address and any other details** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Animals**

Are there any animals in the household? Please give species and age.

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
|  | **Applicant 1** | **Applicant 2** |
| **Have you ever applied to be, or been approved as a foster carer before?**  |  |  |
| **Date of application/approval** |  |  |
| **Name of authority / agency**  |  |  |
| **please give details as to why application stopped or if you are still approved** |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Applicant 1** | **Applicant 2** |
| **Have you ever applied to adopt?**  |  |  |
| **Date of application** |  |  |
| **Name of authority / agency applied to** |  |  |
| **Please give details.** |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Applicant 1** | **Applicant 2** |
| **Have you ever applied to be a child minder?**  |  |  |
| **Date of application** |  |  |
| **Name of authority / agency applied to** |  |  |
| **Please give details** |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Applicant 1** | **Applicant 2** |
| **Have you ever looked after a child in a private fostering arrangement made with the child’s parents?** |  |  |
| **Date of application** |  |  |
| **Name of authority / agency applied to** |  |  |
| **If yes, please fill in details below.** |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Applicant 1** | **Applicant 2** |
| **Have you ever applied to run a children’s home? If yes, please fill in details below.** |  |  |
| **Date of application** |  |  |
| **Name of authority / agency applied to** |  |  |
| **If yes, please fill in details below.** |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Applicant 1** | **Applicant 2** |
| **Have you ever had any social services involvement with you or your family in the past?** |  |  |
| **If yes, please fill in details and give dates** |  |  |

**Personal References**

Please provide contact details of **six** personal referees, who are in agreement to provide a written reference and be interviewed as part of the application process. One of these referees should be an extended family member and the remainder should be people who have known you (or both of you if two applicants) for at least two years and ideally have seen you interacting and caring for children. (Referees cannot be a person already submitted for an employment reference).

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Referee 1** | **Referee 2** | **Referee 3** |
| **Name** |  |  |  |
| **Address** |  |  |  |
| **Relationship to applicant/s** |  |  |  |
| **Number of years known** |  |  |  |
| **Telephone number and/or email address** |  |  |  |
|  | **Referee 4** | **Referee 5** | **Referee 6** |
| **Name** |  |  |  |
| **Address** |  |  |  |
| **Relationship to applicant/s** |  |  |  |
| **Number of years known** |  |  |  |
| **Telephone number and/or email address** |  |  |  |

**Cautions and convictions**

Have you, or a member of your household, ever been cautioned, had a criminal conviction or been subject of a criminal enquiry? If so, please give details below. (The Rehabilitation of Offenders Act 1974 does not apply to people who will have access to children, so even minor offences, or those which took place a long time ago must be disclosed).

|  |  |  |
| --- | --- | --- |
| **Name of Person** | **Date of caution/conviction/enquiry** | **Further Information** |
|  |  |  |

Have you, or a member of your household, ever been disqualified from caring for children?

|  |  |  |
| --- | --- | --- |
| **Name of Person** | **Date of caution/conviction/enquiry** | **Further Information** |
|  |  |  |

**Declaration**

I declare that, to the best of my knowledge, the information I have provided is correct and I give permission for the following checks and references to be carried out shared with the fostering panel: DBS, Medical examination, Local Authority, employment references, personal references, education references, ex-partner checks, and family references. By confirming your agreement to proceed, you understand that we may search at credit reference and fraud prevention agencies for further information. When credit reference agencies receive a search from us they will place a search “footprint” on your credit file whether or not your application proceeds further. This will not be visible to any other parties and will not damage your ‘credit score’.

|  |
| --- |
| **Applicant 1** |
| **Name** |  |
| **Signed** |  | **Date** |  |

|  |
| --- |
| **Applicant 2** |
| **Name** |  |
| **Signed** |  | **Date** |  |

**Declaration by other members/visitors of the household over the age of 16 years**

I declare that, to the best of my knowledge, the information I have provided is correct and I give permission for the following checks and references to be carried out shared with the fostering panel (Criminal records Bureau, Medical examination, Local Authority, employment references, personal references, education references, ex-partner checks, family references)

|  |  |
| --- | --- |
| **Name** |  |
| **Signed** |  | **Date** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Signed** |  | **Date** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Signed** |  | **Date** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Signed** |  | **Date** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Signed** |  | **Date** |  |