

(Confidential)

Application Form

You are requested to complete and submit this application form if you would like to become a foster carer with Shared Care Services (Fostering Division). The questions are designed to help us by collecting some basic details and background information about you.

Privacy notice: Shared Carer Services (Fostering Division) is collecting the personal information on this form to assess the carer applicant/s for consideration to become approved foster carers.				
		Applicant 1		Applicant 2
Title				
First name				
Surname				
Maiden or other names				
Date & Place of Birth				
Gender				
Address				
The Borough in which the address falls under				
Telephone numbers	Home			
	Mobile			
E-mail				
Ethnic background				
Religion				
Do you practice your religion (Yes/NO)				
First Language				
Driving Licence (kindly ✓ as appropriate)		Yes	No	Yes
Do you own a car?				

Languages Spoken at home

(1)	(2)	(3)
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Accommodation. Please ✓ the boxes as appropriate.

Type of Accommodation	House		Flat		Maisonette		Bungalow	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ownership status	Owner Occupied		Mortgage		Privately rented		Council property	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of bedrooms	1	2	3	4	5	6	7	8
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Details of other rooms etc.	Living Room	Kitchen	Bath Rooms		Garden	Pond	Out House	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Proposed sleeping arrangements for foster child/ren

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If you do not own the property – do you have the approval of the owner of your property to foster?	Yes	No
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Please list all previous addresses in the last 10 years (with dates)

Address	From	To

Do you or any other member of the household have any health problems or special health care needs? (If yes, please give details).			
Family GP	Name		
	Address		
	Tel. No.		
Note: Smoking is not permitted if you offering to foster under 5's.			
			Yes
			NO
Does any member of the household smoke?			
Do you have any pets? (if yes, please specify)			

Employment		Applicant 1				Applicant 2			
Employment status (kindly ✓ as appropriate)		Full time	part time	Casual	n/a	Full time	part time	Casual	n/a
Current employer									
Employed since									
Occupation									
Hours of work									
Approximate Income									
Outline previous employment details for the past 5 years, where current employment is less than 5 years. <i>(Include employer, employment status and length of employment)</i>									
National Insurance No:	Applicant 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Applicant 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If we are to progress your interest in foster care, we need to know without delay whether any member of your household, including any adults who live with you, any child at home, or any child who now lives away from home, has had **any contact** with any of the following agencies. This is particularly important concerning the Police where all carers in the assessment are required to disclose any/all criminal convictions. No criminal conviction is considered 'spent' for foster care or adoption assessment, including warnings and cautions and convictions as a juvenile. Please note that a check against your names will be made with the Criminal Records Bureau (CRB).

Kindly ✓ the boxes as appropriate)	Applicant 1		Applicant 2		Date & Nature of Contact
	Yes	No	Yes	No	
Police					
Probation					
Social Services					
Education Welfare					
Sp. Health Services					
NSPCC					
Psychiatric/Mental Health Services					
Any other					
Any other					

Please note that if you are in any doubt about the above information, you should consider disclosing it since, if withheld, it could affect the progress of any application you may later make to become a foster carer or adopter. All the information you give will be treated in confidence and no agency will be contacted by this office without your written consent.

Children in the household (if any)			
Name	Gender	DoB	If children are of school-age please state the name and address of the school

Shared Care Services (Fostering Division) is a specialist-fostering agency for children and young people with disabilities. Kindly specify the age group you are in ✓ the box as appropriate.		
From 0 -5 years		
From 6- 15 years		
From 16 to 18 years		
What type of fostering would you like to consider? (eg. Short-term, long-term, emergency or respite).		
Do you have a spare bedroom(s) to accommodate the child? (kindly ✓ as appropriate)	Yes	No
Have you previously (Please circle appropriately)		
Applied to a local authority or voluntary organisation to foster or adopt a child?	Yes	No
Fostered or adopted a child?	Yes	No
Been prohibited from keeping a foster child or a child/re has/have been removed from your care?	Yes	No
Been a member of a household where a child has been the subject of an order arising from care proceedings under the Children Act 1989?	Yes	No
Been refused registration as a child-minder?	Yes	No
Or are currently registered or applying to register as a child-minder?	Yes	No
Do you have any criminal convictions?	Yes	No

If any of these questions have been answered YES, then please give full details below. Please continue on a separate sheet, if necessary.

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Please provide the names and addresses of three people we can contact for a reference and state what their relationship is to you. (Note: Only one referee can be a family member).

Name	Address & Contact numbers	Relationship

By submitting this application, you are confirming that information provided in the application form is true and correct to the best of your knowledge and you have not concealed any information knowingly. You have also permitted Shared Care Services (Fostering Division) to conduct the necessary enquiries, including Local Authority Checks, and for any information to be used under the Fostering Regulations. (This will be required to proceed with the assessment process, and will be discussed with you in greater depth during the initial visits).

Applicant signature and comments			
Applicant 1 I have read and understood the privacy notice and confirm that the information is correct to the best of my knowledge and belief. I am aware that failure to provide wrong information intentionally will lead to the termination of my application.		Applicant 2 I have read and understood the privacy notice and confirm that the information is correct to the best of my knowledge and belief. I am aware that failure to provide wrong information intentionally will lead to the termination of my application.	
Signature		Signature	
Name		Name	
Date		Date	
Additional comments by the applicant		Additional comments by the applicant	
<i>Please use this space for any additional information.</i>			



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Please return the application form in the envelope provided on the following address:

Shared Care Services (Fostering Division)
 119 Eastern Avenue, Lower Ground Floor
 Redbridge,
 London – IG4 5AN