

# Registration of Interest Form - Fostering

## First Applicant:

Last Name or Family Name \_\_\_\_\_

First Name \_\_\_\_\_

Mr  Mrs  Ms  Miss  Other

Date of Birth \_\_\_\_\_

Religion \_\_\_\_\_

Occupation \_\_\_\_\_

Do you belong to an ethnic minority group?

Yes  No  If yes please give more details:

Do you require an interpreter? Yes  No

If yes, which language?

\_\_\_\_\_

## Second Applicant:

Last Name or Family Name \_\_\_\_\_

First Name \_\_\_\_\_

Mr  Mrs  Ms  Miss  Other

Date of Birth \_\_\_\_\_

Religion \_\_\_\_\_

Occupation \_\_\_\_\_

Do you belong to an ethnic minority group?

Yes  No  If yes please give more details:

Do you require an interpreter? Yes  No

If yes, which language?

\_\_\_\_\_

\_\_\_\_\_

Date of Marriage (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

Telephone number \_\_\_\_\_

E mail \_\_\_\_\_

Description of your home

\_\_\_\_\_

\_\_\_\_\_

Do you or your partner have a disability, which requires special provision (eg, hearing, mobility)?

Yes  No

## Your Child(ren)

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of placement (if adopted) \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of placement (if adopted) \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of placement (if adopted) \_\_\_\_\_

Have you previously enquired about fostering or adoption or any form of caring for children?

Yes  No  If yes can you tell us where and when?

\_\_\_\_\_

\_\_\_\_\_

Are you currently receiving any medical treatment?

Yes  No

If yes can you supply any further information about your condition(s)?

\_\_\_\_\_

If you have answered yes to the above question, we may require our medical adviser to contact your GP and/or consultant for further information. If this is necessary we will ask you to sign a mandate giving your permission.

Does anyone in the household smoke? Yes  No

(if 'Yes' then a child cannot be placed with you).

Is there anything else that you wish to bring to our attention, such as previous convictions?

\_\_\_\_\_

\_\_\_\_\_

## I confirm that the above information is correct.

### First Applicant:

Name \_\_\_\_\_

Date \_\_\_\_\_

### Second Applicant:

Name \_\_\_\_\_

Date \_\_\_\_\_