

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 _____