



Working Together with Children and families

PLEASE USE BLOCK CAPITALS AND BLACK INK WHEN COMPLETING THIS FORM.

FOSTER CARER APPLICATION FORM

Please return the completed form to the address below. If you have any difficulties or problems during completion please contact Swan Fostering on 01462 433808.

1. Details of Applicant(s):

	Applicant 1	Applicant 2
Title (Mr/Mrs/Ms/Miss/Other)	<input type="text"/>	<input type="text"/>
Surname(s):	<input type="text"/>	<input type="text"/>
Any other name(s) used: (and dates of when used)	<input type="text"/>	<input type="text"/>
First and middle name(s)	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	
Postcode:	<input type="text"/>	
What is your Local Authority?	<input type="text"/>	
Telephone number:	<input type="text"/>	
Mobile Number:	<input type="text"/>	<input type="text"/>
Email Address:	<input type="text"/>	<input type="text"/>
Date of Birth:	<input type="text"/>	<input type="text"/>
Ethnicity:	<input type="text"/>	<input type="text"/>
Religion:	<input type="text"/>	<input type="text"/>
Languages spoken:	<input type="text"/>	<input type="text"/>
Nationality:	<input type="text"/>	<input type="text"/>
Are you a resident of the UK?	<input type="text"/>	<input type="text"/>
Date of marriage (if applicable)	<input type="text"/>	
Details of previous marriages	<input type="text"/>	<input type="text"/>

2. Employment

	Applicant 1	Applicant 2
Current Occupation:	<input type="text"/>	<input type="text"/>
Proposed/Current hours of work	<input type="text"/>	<input type="text"/>
Name of Employer:	<input type="text"/>	<input type="text"/>
Address of Employer:	<input type="text"/>	<input type="text"/>
Start Date of Employment	<input type="text"/>	<input type="text"/>

Applicant 1 Employment History

Please provide a history of employers and addresses since leaving education; including any period of unemployment. Previous employers may be contacted either by telephone, or to request a written reference.

From	To	Occupation	Employer's Name & Address

Applicant 2 Employment History

From	To	Occupation	Employer's Name & Address

3. Residence History

Please give your addresses since birth; including dates.

Applicant 1

Address	Address	Address
From: To:	From: To:	From: To:

Address	Address	Address
From: To:	From: To:	From: To:

Applicant 2

Address	Address	Address
From: To:	From: To:	From: To:

Address	Address	Address
From: To:	From: To:	From: To:

4. Details of Accommodation

Type of Accommodation:
Flat, Maisonette, House etc

Number of Bedrooms

Number of Bathrooms

Other Facilities

5. Members of the Household

Please include any other individuals living in your household. Including all children (use initials only for fostered children); other adults; students living away from home during term time; lodgers etc.

Name	Gender	D.O.B	School/Occupation	Relationship

6. Any Children not living in the Household

Name	Gender	D.O.B	Address	Relationship

7. Health

	Applicant 1	Applicant
Would you describe yourself as being in general good health?		
Do you have any disability or sensory impairment? If yes, please give details		
Do you or have you ever, suffered from any serious physical or mental illness? If yes, please give details		
Have any other occupants of your household suffered from any serious physical or mental illness? If yes, please give details		
Are you currently taking any prescribed medication? If yes, please give details		
GP details, including name, full address and telephone number.		

8. Additional Questions

	Applicant 1	Applicant
<p>Has anyone in your household ever applied to foster, adopt or be a childminder?</p> <p>If yes, please give details, including dates and the Local Authority involved.</p>		
<p>If you have fostered before, have you asked for any of the fostered children to be removed from you care?</p> <p>If so, please give details.</p>		
<p>Has a child of your family, including those of whom you have assumed responsibility for as a relative; step-parent; or subject of a Residence Order, ever been the subject of:</p> <ul style="list-style-type: none"> • A Child Protection Investigation, • An Emergency Protection Order; • Care or Supervision Proceedings; • A Child Assessment Order; • Taken into Police Protection; • Provided with accommodation by the Local Authority; • A Child Protection Plan?; or • Removed from your care? <p>If yes, please give details.</p>		

9. Cautions and Convictions

1. Have you, or a member of your household, ever received a caution, had a criminal conviction or been the subject of a criminal inquiry? If so, please give details below, including dates.

*The Rehabilitation of Offenders Act 1974: Spent convictions do 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.*

Not all convictions will disqualify you from caring for children.

2. Do you, or a member of your household appear on the ISA Barred List?

An ISA Barred List is the Independent Safeguarding Authority who overlook the Vetting and Barring Scheme and comes into force on 12th October 2009.

10. Family Description

Please provide a brief description of your family and why you wish to become foster carers. What qualities do you possess that will assist you in the fostering task?

11. Prospective Child(ren) for Placement:

Please specify an age group and gender you are considering caring for. Also, what type of placement ie. Permanent Foster Care, Short Term Care, Respite, Emergency

12. Additional Information

Include any information that you think may be relevant or will need to be considered alongside your application eg. moving house, career/job, change etc.
Please include details of any voluntary work with children or vulnerable adults.

13. Personal Referees

Swan Fostering will contact six people who will be able to comment upon your suitability as prospective foster carers. Initially, we will contact the referees in writing asking them to complete a reference form.

Subsequently, a social worker from the Agency will arrange to visit at least two of these in person.

At least three of the referees will need to have known you for over two years and not be related to you. Include any previous or current employer if you have ever worked with vulnerable people eg. Children, elderly people, special needs etc. The remaining three referees should be members of your extended family.

Referee 1: Relationship: Telephone no:

Referee 2: Relationship: Telephone no:

Referee 3: Relationship: Telephone no:

Referee 4: Relationship: Telephone no:

Referee 5: Relationship: Telephone no:

Referee 6: Relationship: Telephone no:



Swan Fostering Ltd
Ladygrove Court, Hitchwood Lane, Preston
Hitchin, Hertfordshire SG4 7SA

Declaration:

I hereby give permission for Swan Fostering Ltd, or their representatives, to obtain references and view relevant information in respect of the following bodies:-

- The Local Authority or voluntary provider
- G.P.
- Swan Fostering Agency Medical Advisor
- My personal referees
- Current / past employers
- Criminal Records Bureau Disclosure
- Enquiries to other Local Authorities
- Youth Offending Team
- Probation
- Independent Safeguarding Authority and Vetting and Barring Scheme
- Education Authority
- Previous spouse/partner where children are born to the relationship (where appropriate) and adult children. This will be discussed further with you prior to initiating an interview.
- Any other check/reference deemed necessary (where appropriate). This will be discussed further with you prior to initiating the check / reference.

I declare that all the information I have provided in this application is true to the best of my knowledge and belief and that I have not withheld any relevant information. I understand that if I have deliberately made any false statements, or intentionally omitted any information, I am liable to have my application rejected.

I understand that this information and subsequent references will be used as part of the assessment of my suitability to become a foster carer for Swan Fostering Ltd.

	Applicant 1	Applicant 2
Name:		
Current Address:		
Signature:		
Date:		