



DECLARATION

I hereby give permission for SWAN Fostering, 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
- Education Authority
- Health Service (if applicable)
- 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

Applicant 1

Applicant 2

Name:	<input type="text"/>	<input type="text"/>
Current Address:	<input type="text"/>	<input type="text"/>
Signature:	<input type="text"/>	<input type="text"/>
Date:	<input type="text"/>	<input type="text"/>