JAY Fostering Limited
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FOSTER CARER APPLICATION FORM

Personal details

	First Applicant	Second Applicant
Surname		
Previous Surnames		
First Name(s)		
Date of Birth		
Gender		
Ethnic Origin		
Languages spoken		
Religion (Practising)		
Occupation & Hours of work		
Home Address		
Phone Work & Home		
Marital Status		
When and Where Married		
Name & Address of GP		

Do you have any disability If yes- give details		

About your household and family – Please give details of everyone who lives with you (children and adults) and state their relationship to you. Please indicate which, if any, children are fostered or adopted.

Name	Gender	d.o.b.	Ethnic origin	Relationship to applicant(s)	School attending

Previous Addresses

Please list all addresses you have lived at during the last 7 years (Start with the one before your current address and work backwards).

	1st Applicant	2nd Applicant
Address:		
Dates at this address:		
Name of Local Authority or Council		
Address:		
Dates at this address:		
Name of Local Authority or Council		

	1st Applicant	2nd Applicant
Address:		
Dates at this address:		
Name of Local Authority or Council		
Address:		
Dates at this address:		
Name of Local Authority or Council		

Secondary Schools or Colleges attended:

	1st Applicant	2nd Applicant
Name and address of Secondary School(s)	**Date attended**	**Date attended**
Name/address of further Education/colleges	**Date attended**	**Date attended**

Employment Details:

	1st Applicant	2nd Applicant
Current or most recent employers name and address		
Nature of employers business		
Your job title		
Length of time with employer		
Name and Job title of Your manager		
Details of any family connection between you or any members of your family and your employer		

Please give details of past employment since the age of 18, accounting for any gaps (start with the employer before your current or most recent and work backwards).
Continue on a separate sheet if necessary.

	1st Applicant	2nd Applicant
Employers name and address		
Nature of employers business		
Your job title		
Dates of employment		
Reason for leaving		

	1st Applicant	2nd Applicant
Employers name and address		
Nature of employers business		
Your job title		
Dates of employment		
Reason for leaving		

	1st Applicant	2nd Applicant
Employers name and address		
Nature of employers business		
Your job title		
Dates of employment		
Reason for leaving		

	1st Applicant	2nd Applicant
Employers name and address		
Nature of employers business		
Your job title		
Dates of employment		
Reason for leaving		

	1st Applicant	2nd Applicant
Employers name and address		
Nature of employers business		
Your job title		
Dates of employment		
Reason for leaving		

Your Home

My Home is:

- Owner Occupied ☐
- Being bought with a mortgage ☐
- Privately rented ☐
- Local Authority Rented ☐
- Housing Association Rented ☐
- Tied Accommodation ☐

Please briefly describe your home. How many bedrooms are there? How many living rooms? What other rooms are there? Is there a garden?

Where will any foster children sleep? Will they have a room of their own or will they have to share?

Are you prepared to make any alterations that may be necessary to make your home safe for children?

More about you

Have you ever previously applied to foster a child, become an adoptive carer, childminder or offered relief care to a child?

If so, which Local Authority/Agency did you apply to, and when?

What was the outcome?

Have you ever had a child (your own or someone else's) removed from your care by a Statutory Agency (if yes, please give details)?

Have you ever been named as a respondent in an application for a Court Order regarding a child (if yes please give details)?

Details of Previous significant relationships including marriages:

	1st Applicant	**2nd Applicant**
Name of Partner		
Address		
Telephone Number		
Date of Birth		
Gender		
Nature of Relationship		

	1st Applicant	**2nd Applicant**
Name of Partner		
Address		
Telephone Number		
Date of Birth		
Gender		
Nature of Relationship		

Details of children of these relationships including adult children or those who have died.

	1st Applicant	2nd Applicant
Name		
Address		
Telephone Number		
Date of Birth		
Gender		

	1st Applicant	2nd Applicant
Name of Partner		
Address		
Telephone Number		
Date of Birth		
Gender		

Cautions and Convictions

Have you, or a member of your household, ever been cautioned, had a criminal conviction or been the subject of a criminal enquiry? If so, please give details below.
NB. The Rehabilitation of Offenders Act 1974 – Spent convictions does not apply to people who will have assess to children, so even minor offences, or those which took place a long time ago, **must** be disclosed.
NB Not all convictions will disqualify you from caring for children.

Name of Person	Date of Caution/conviction/enquiry	Further information

Have you or any member of your family suffered from a serious physical or mental illness
Yes/ No (please give details)

Have you, or a member of your household, ever been disqualified from caring for children?

Name of Person	Date of disqualification	Further Information

References

Please give the name and address and telephone numbers of three people who know you well and who will be able to give you a reference.

1st Referee	Name, Address & Relationship to Applicant 1	Name, Address & Relationship to Applicant 2
2nd Referee	Name, Address & Relationship to Applicant 1	Name, Address & Relationship to Applicant 2
3rd Referee	Name, Address & Relationship to Applicant 1	Name, Address & Relationship to Applicant 2

Declaration

I declare that, to the best of my knowledge, the information I have provided is correct and I give permission for the following checks to be carried out:
Enhanced Police Disclosures, NSPCC projects, Government and Local Authority checks.

I also give permission for our/my referees to be written to and all visited, my employer(s) to be written to and for a medical report to be obtained.

Name

Signature
1st Applicant Date:

Name

Signature
2nd Applicant Date: