

Our Ref: \_\_\_\_\_

## REGISTRATION OF INTEREST FORM

### 1. Personal details

	First Applicant	Second Applicant
Family Name		
First Name(s)		
Previous Name(s)		
Date of Birth		
Ethnic Origin		
Occupation & Hours of Work		

### 2. Contact Details

**Current Address:** \_\_\_\_\_  
\_\_\_\_\_

If you have been at the above address for less than 7 years we need to know where else you have lived. Please advise us previous addresses inc post code (in last 7 years) and dates moved in and out. This information is important and will help us speed up the assessment process. Please use additional sheets if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number where you can be contacted: Home \_\_\_\_\_

Work — **First Applicant** \_\_\_\_\_ **Second Applicant** \_\_\_\_\_

**Email Address**

\_\_\_\_\_

### 3. Marital Status:

First Applicant \_\_\_\_\_ Second Applicant \_\_\_\_\_

Length of current partnership \_\_\_\_\_

**4. Religion (if any)** \_\_\_\_\_

Does your religion play an important part in your life **YES / NO**

**5. Language(s) spoken**      **First Applicant** \_\_\_\_\_

Please underline main language      **Second Applicant** \_\_\_\_\_

**6. Children who live with you**

<b>Name</b>	<b>Sex</b>	<b>Date of Birth</b>	<b>Own/Other</b>
_____			
_____			
_____			
_____			
_____			

**7. Children who live elsewhere (eg. Grown up, living with ex partner etc)**

<b>Name</b>	<b>Sex</b>	<b>Date of Birth</b>	<b>Own/Other</b>
_____			
_____			
_____			
_____			

**8. Does anyone else live in your home? Please give details**

\_\_\_\_\_

\_\_\_\_\_

**9. Your Home**

**Number of Bedrooms** \_\_\_\_\_

**Do you have a spare room for a fostered child (if no where would foster child sleep)**

\_\_\_\_\_

\_\_\_\_\_

**10. Have you or anyone in the family had any serious health problems, which you think we should know about? - Please give details:-**

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**11. Do you wish to care for a specific child? YES / NO**  
If yes, please explain

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**12. What type of care are you interested in?**

	Please Circle		Age Range
Short-term/temporary fostering	Yes	No	
Long-term fostering	Yes	No	
Short-break fostering (carers offer around 12-15 nights per month)	Yes	No	
Adoption	Yes	No	
<b>Could you consider caring for?:</b>			
A child with learning difficulties	Yes	No	
A child with physical/sensory disabilities	Yes	No	
A sibling group of 2 or more	Yes	No	

**13. Please could you indicate where you have seen/heard about Fostering— what initially made you aware and interested? This information is important and helps us to plan our future advertising campaign. Thank You.**

Local Paper (please name) \_\_\_\_\_ National Paper \_\_\_\_\_

Magazine (please name) \_\_\_\_\_

TV \_\_\_\_\_

School (Poster, leaflet or magazine) \_\_\_\_\_

Job Centre \_\_\_\_\_

Library \_\_\_\_\_

Cinema (Magazine advert) \_\_\_\_\_

Website \_\_\_\_\_

Word of mouth \_\_\_\_\_

Other—please specify \_\_\_\_\_

**14. Any other comments you wish to make? We would like to know if you have applied to foster with another Agency** \_\_\_\_\_

**It is important you advise us if you have had prior involvement with Social Services (additional sheets may be used). Due to the nature of fostering basic checks on our Social Services database are made. By signing this form you are giving your consent to those checks being carried out.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**First Applicant**

Signed: \_\_\_\_\_ Please Print: \_\_\_\_\_

**Second Applicant**

Signed: \_\_\_\_\_ Please Print: \_\_\_\_\_

Date: \_\_\_\_\_