



HYTHE HOUSE SUPPORT LIMITED

APPLICATION TO BECOME FOSTER CARERS

PART 1 – FACTUAL DETAILS		
First Applicant:		Second Applicant:
Previous Names:		Previous Names:
Date of Birth:		
Place of Birth:		
Ethnic Decent Languages spoken in the home (other than English)		
Religion:		
Address:		Nearest railway/tube station or bus route to your address:
Date moved in:		
Telephone Home:	Work:	
Previous addresses (over past 5 years) Including dates:		
2. Name/Address of Employer: First Applicant	Date Appointed:	Job Title Full/Part-Time:
Second Applicant		

PART 1

3. a) Have you ever applied to foster from another Authority?
Please give details

b) Are you currently fostering for another Authority?
Please give details

4. Details of Accommodation

Type of Accommodation _____

Number of Bedroom _____ Do you rent or own your home? _____

Are you a Council Tenant? If so please say which Council and give their address:

Please give the name and address of your Local Borough Council

5. Address of previous residence:

Date moved in:

6. Personal and Household details

a) If you are married give **date** and **place** of marriage:

b) If you have been married before please give date of previous marriage(s) and reasons for ending:

First Applicant:

Second Applicant:

PART 1

7. a) Please give details of all your children:

Full Name	D.O.B.	Sex	Own Child/ Adopted/Fostered	Do they live at Home?

b) Other Family Members/Lodgers living with you

Full Name	D.O.B	Sex	Relationship

c) If you have any children from a previous marriage or relationship please give full details:

Full Name	Child of First Applicant/ Second Applicant	Sex	Own child/ Adopted/Fostered

8. Has any member of the household been convicted of a criminal offence:

YES: NO:

PART 2 (A)

(The following sections will ask for more personal information)

a) **INDIVIDUAL DESCRIPTION** – First Applicant

Name:

b) Family Background

Please say something about your own childhood and family. Tell us about your own upbringing, the bad as well as the good. When thinking about how you would bring up children, what did you learn from your own upbringing and what would you change?

PART 2 (A)

c) What kind of education did you have?

d) Did you have any further training after leaving school? If so please give details.

e) What did you like and dislike about school?

PART 2 (B)

(The following sections will ask for more personal information)

a) **INDIVIDUAL DESCRIPTION** – Second Applicant

Name:

b) Family Background

Please say something about your own childhood and family. Tell us about your own upbringing, the bad as well as the good. When thinking about how you would bring up children, what did you learn from your own upbringing and what would you change?

PART 2 (B)

c) What kind of education did you have?

d) Did you have any further training after leaving school? If so please give details.

e) What did you like and dislike about school?

PART 3

YOUR MARRIAGE/RELATIONSHIP (Please fill this in together as a couple. If you are now separated please fill it in as far as possible with regard to your previous marriage/relationship).

a) What are the good things about your marriage/relationship?

b) What are the areas of strain and how do you cope with them?

c) How do you settle disagreements?

PART 5

CHILDREN

a) Please tell us something about each of your children, what sort of people they are and what do they like to do.

b) How do your children get on together?

c) What are their areas of disagreement?

d) What are their views on taking a young person into their home?

PART 12

REFERENCES – Applications for Police, Medical, Social Services and two personal references will be made.

1. Please give details of two people (not relatives) who have known you in your own home for at least 2 years and to whom the Council can apply for information.

1st Referee

Name:

Address:

Telephone:

Occupation:

2nd Referee

Name:

Address:

Telephone:

Occupation:

2. Please give the name and address of your family doctor

Name:

Address:

Telephone:

3. Which Local Authority do you live in?

PART 13

SIGNATURES

In submitting this application to the Council to foster a child I/we agree that the Council may make such enquiries as may be considered necessary as to our health and character.

Signatures

First applicant _____

Second applicant _____

Date _____