



Foster Carer Application Form

Please return form to: Quality Foster Care Ltd.
 305 High Road
 Benfleet
 Essex SS7 5HA

Tel.: 01268 795597

Fax: 01268 754333

The information entered on this form will be regarded as confidential between yourselves and Q.F.C. Ltd.

	First Applicant:	Second Applicant: (Where applicable)	
Family Name:			
First Name (s):			
Previous Name(s): (where applicable)			
Date of Birth:			
National Insurance Number			
Ethnic descent and language spoken at home:			
Religion:			
Present Occupation:			
Previous Occupation:			
Other Members of the Household:(name, date of birth & relationship)All persons over the age of 17 will be subject to a CRB.	Name	D.O.B	Relationship

Your full current address including post-code: (Block Capitals please)

Home tel. number:

Mobile tel. number:

Work tel. number:

Family Details:

Please give full names of your children, if any, not living at home.

Name: DoB Gender M/F

Name: DoB Gender M/F

Name: DoB Gender M/F

Please tell us whether you are

Single:

Or a married couple:

Or a couple of either gender sharing a home:

How long have you been married? (Where applicable)

Or, how long is your partnership? (Where applicable)

Have you been divorced, widowed/separated?
If so when.

How many spare bedroom(s) are available?

Have you discussed this space allocation with your family? **YES/NO**

Are you planning to move house or have major alterations taking place on your home within the next 12 months?

Residential Details:

Please describe your home and its surroundings. Include local schools, transport services, provision for recreations, ethnic mix of the local populace, etc.

Other Information:

Is this your first application to become a foster carer, adoptive parent or registered childminder? If no, please provide brief details. When and where did you make your application, and what was the outcome?

First Applicant:

YES/NO

Second Applicant:

YES/NO

Fostering Experience:

Has any Local Authority or Voluntary organisation previously approved you as a foster carer? If this is the case, please provide details.

First Applicant:

YES/NO

Second Applicant:

YES/NO

If you have given thought to the number, ages and gender of the children you might care for, please indicate your preferences below. Tick the *Unsure* box if you are not certain.

Number of Children:

Unsure

Age(s):

Unsure

Gender of children:

Male/Female/Either

Unsure

Criminal Record:

Have you been the subject of any cautions, convictions, prosecutions or imprisonment, past or pending, spent or unspent?

Applicant 1: YES/NO

Applicant 2: YES/NO

If yes, please provide details:

Applicant 1

Date	Caution, Conviction Prosecution or Imprisonment	Outcome

Applicant 2

Date	Caution, Conviction Prosecution or Imprisonment	Outcome

Do you own any Firearms? **YES/NO**
(If so please specify where these are stored)
If yes do you have a current firearms certificate? **YES/NO**

Medical Information:

Any relevant medical information or health issues the Agency should be aware of? i.e. ongoing medication or medical condition

Applicant 1

Any relevant medical information or health issues the Agency should be aware of? i.e. ongoing medication or medical condition

Applicant 2

SMOKING

Applicants who smoke will not be able to care for children 5 years or younger.
You must state if you do smoke

Applicant 1: **YES/NO** Applicant 2: **YES/NO**

Please provide contact information on your General Practitioner.

Applicant 1:

Applicant 2:

Name	Name
Address	Address
Post Code	Post Code
Tel Num:	Tel Num:

Referees:

Please provide the names, addresses and 'phone numbers of three referees. These must be individuals living in your locality who are able to comment on your ability to become carers. **The persons named must not be related to you by birth or marriage.** Additionally, please provide contact information of your current – or, if not employed, your most recent, employment. **We will be seeking a reference from your employer.(please give separate referees if you have been a couple for less than 5 years.)**

Applicant 1

First Referee:

Name Address
Post Code 'Phone number

Second Referee:

Name Address
Post Code 'Phone number

Third Referee:

Name Address
Post Code 'Phone number

Applicant 2

First Referee

Name Address
Post Code 'Phone number

Second Referee

Name Address
Post Code 'Phone number

Third Referee

Name Address
Post Code 'Phone number

Current or most recent Employer:

(If you have worked with children or vulnerable adults please supply a previous employer reference in addition to your current or most recent employer)

Applicant 1

Name Address
Post Code 'Phone number

Applicant 2

Name Address
Post Code 'Phone number

Additional Referee if applicable.

Name Address
Post Code 'Phone number

Please provide a brief statement as to:

a) My/Our reasons to foster:

b) My/Our reasons for wanting to work for this independent fostering agency:



Quality
Foster
Care Ltd

How did you hear about us?

Internet

Please specify.....
i.e. Google

Advertisement

Please specify.....
i.e. Local Paper

Personal Recommendation

Please state referee.....

Further Information:

Have any of your own children been in the care of a Local Authority, now or in the past? YES/NO

If yes, please give details including the child's present whereabouts.

Have you ever had a child removed from your care? YES/NO

If yes, please provide details:

If you have any further information that you think has a bearing on your application, or any other comments, please enter them on a separate sheet(s).

Do you currently have the legal right to work in the UK?

If you are unsure of your eligibility to work in the UK please refer to the Home Office Website: www.homeoffice.gov.uk/passports-and-immigration/ *

Yes

No

Quality Foster Care Ltd Policy Statement relating to the Recruitment of Ex-offenders

As an organisation using the Criminal Records Bureau (CRB) Disclosure service to assess applicants' suitability for positions of trust, Quality Foster Care Ltd complies fully with the CRB Code of Practice and undertakes to treat all applicants for positions fairly. It undertakes not to discriminate unfairly against any subject of a Disclosure on the basis of a conviction or other information revealed.

Quality Foster Care Ltd is committed to the fair treatment of its staff, potential staff or users of its services, regardless of race, gender, religion, sexual orientation, responsibilities for dependants, age, physical/mental disability or offending background.

We have a written policy on the recruitment of ex-offenders, which is made available to all Disclosure applicants at the outset of the recruitment process.

We actively promote equality of opportunity for all with the right mix of talent, skills and potential and welcome applications from a wide range of candidates, including those with criminal records. We select all candidates for interview based on their skills, qualifications and experience.

A Disclosure is only requested after a thorough risk assessment has indicated that one is both proportionate and relevant to the position concerned. For those positions where a Disclosure is required, all application forms, job adverts and recruitment briefs will contain a statement that a Disclosure will be requested in the event of the individual being offered the position.

Recruitment, Employment and Disclosure Information

Where a Disclosure is to form part of the recruitment process, we encourage all applicants called for interview to provide details of their criminal record at an early stage in the application process. We request that this information is sent under separate, confidential cover, to a designated person within Quality Foster Care Ltd and we guarantee that this information will only be seen by those who need to as part of the recruitment process.

Unless the nature of the position allows Quality Foster Care Ltd to ask questions about your entire criminal record, we only ask about 'unspent' convictions as defined in the Rehabilitation of Offenders Act 1974.

We ensure that all those in Quality Foster Care Ltd who are involved in the recruitment process have been suitably trained to identify and assess the relevance and circumstances of offences. We also ensure that they have received appropriate guidance and training in the relevant legislation relating to the employment of ex-offenders, e.g. the Rehabilitation of Offenders Act 1974.

At interview, or in a separate discussion, we ensure that an open and measured discussion takes place on the subject of any offences or other matter that might be relevant to the position. Failure to reveal information that is directly relevant to the position sought could lead to withdrawal of an offer of employment.

We make every subject of a CRB Disclosure aware of the existence of the [CRB Code of Practice](#) and make a copy available on request.

We undertake to discuss any matter revealed in a Disclosure with the person seeking the position before withdrawing a conditional offer of employment.

Having a criminal record will not necessarily bar you from working with us.

This will depend on the nature of the position and the circumstances and background of your offences.

In order to proceed through the assessment you will be required to undertake a number of statutory checks as detailed below:

Authorisation for enquiries to be made in support of Fostering Application

*I/We _____
(Name(s) of Prospective Foster Carer(s))

of _____
(address)

Consent to enquiries being made and I/we give my/our permission to Quality Foster Care Ltd, to obtain references and view relevant files in connection with the following:

- My/our General Practitioner;
- My/our personal references;
- Any Employers requested to provide references, including previous employers;
- All Fostering Agencies, Local Authorities and Voluntary providers, to whom I/we have previously applied or fostered with, including any private Fostering Agencies;
- I/we also consent to approval, review of approval and other reports to be disclosed to the Local Authority;
- To any Local Authority or Voluntary provider in respect of:
 - Work within Children's Homes, Schools or Play Provision;
 - Day Care Provision;
 - Childminder Registration;
 - Providing Services to Adults;
 - Any other access to vulnerable people, young or old;

And I/We Consent to Records and any other information held by the Local Authority to be disclosed;

- Criminal Records Bureau Disclosure to include checks with the Police, DoH and DFES;
- Probation Checks;
- NSPCC Checks;
- Local Authority Social Service Checks.
- Internet Search

I/we understand that this information and references will be used as part of the assessment of my/our suitability to Foster with Quality Foster Care.

I/we understand that follow up enquiries may be made of any of the above agencies and referees should it be deemed necessary, by Quality Foster Care, the assessing Social Worker on behalf of Quality Foster Care, the Medical advisor to Quality Foster Care, and/or at the request of the Quality Foster Care Fostering Panel.

I/we understand that while fostering for Quality Foster Care some or all of these enquiries will be renewed on a regular basis.

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

Private Information supplied on this form will be held on and/or verified by reference to information already held on computer. In signing this application form you give permission to Quality Foster Care to access, store, and process this information, some of which will be sensitive information. *Data Protection Act 1998.*

.....
(Signature of Prospective Carer)

.....
(Date)

.....
(Signature of Prospective Carer)

.....
(Date)

Details of child/children		
Name(s)	Date(s) of birth	Name and address of School

Permission to consult Health Authority/General Practitioner

Surname:	
Female Applicant:	Date of Birth:
Male Applicant:	Date of Birth:
Address:	
Name and Address of Female Applicant's General Practitioner	
Name and Address of Male Applicant's General Practitioner	

I/We agree to the Health Authority being consulted in regard to relevant facts which may be known to the Health Visitor. I/We also agree to my/our doctor(s) being consulted in regard to my/our health.

I/We understand that if I/we proceed with my/our application, I/we shall be required to have full medical examination, and I/we consent to a full report on my/our present and past health being sent to the Medical Adviser to the Fostering Panel.

I/We also consent to the Medical Adviser seeking further reports from any Consultants, Doctors, or other professional people concerned with my/our health. I/We understand that a report on relevant aspects of our health will be given to the Fostering Panel.

.....
.....
(Signature of Applicant)

(Date)

.....
.....
(Signature of Applicant)

(Date)

