



# Application form for prospective foster carers

## Welcome

Thank you for your enquiry into fostering. We hope you found the information pack helpful. If you would now like to apply to become a foster carer please complete and return this form using the enclosed pre-paid envelope.

Your details will help us to consider your potential as a foster carer for Torbay Council. If you have any further questions about fostering or you require any help in completing the application form we are always happy to assist you. Please contact the Fostering Enquiry line on 01803 207860.

As soon as we receive your completed application form; a member of our team will be in contact with you (usually within ten days).

If, after consideration of your circumstances, we agree to proceed with your application you will be offered a home visit. A member of the fostering team will then come to your home to meet you and your family to discuss your potential as a valuable foster care family.

Thank you again for your interest in providing a home for children and young-people who need this opportunity. We look forward to hearing from you.

**Becoming a Foster Carer could be one of the most rewarding things you ever do.**

Torbay Council processes and stores information in accordance with the UK Data Protection Act 1998. The information contained on this form will be used for the purpose of assessing your application to become a foster carer and Social work purposes. Torbay Council will not share your information with third parties unless required for the original purpose or for the prevention and detection of crime. For information regarding personal data that the Council may hold on you contact [dp@torbay.gov.uk](mailto:dp@torbay.gov.uk) this is not however for information regarding your application, please see the contact details on this form for all these matters.

## Applicant 1

First Name(s) : \_\_\_\_\_

Surname : \_\_\_\_\_

Any previous name(s)\* used : \_\_\_\_\_

\*Dates of use : \_\_\_\_\_

Date of birth : \_\_\_\_\_

## Applicant 2

First Name(s) : \_\_\_\_\_

Surname : \_\_\_\_\_

Any previous name(s)\* used : \_\_\_\_\_

\*Dates of use : \_\_\_\_\_

Date of birth : \_\_\_\_\_

Relationship to Applicant 1 : \_\_\_\_\_

## Both applicants

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

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Date moved to this home : \_\_\_\_\_

Contact Details: Home Tel : \_\_\_\_\_

Work Tel: \_\_\_\_\_

Address history covering the last **ten** years; including moving dates:

1) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_ moved in \_\_\_\_\_

2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_ moved in \_\_\_\_\_

3) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_ moved in \_\_\_\_\_

Please list **all** other people who presently live in your home, giving first name, surname, date of birth and their relationship to you, i.e. son/daughter/lodger.

	Name	Date of Birth	Relationship
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

Please provide names and addresses for 2 personal referees, ideally not family members, who have known you for at least 2 years

Referee 1 Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Referee 2 Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What aged child would you be interested in fostering?

(ie 0 - 5, 5 – 10, 10 – 13, 13+ or all ages) \_\_\_\_\_

Could you take more than one child? \_\_\_\_\_

Why do **you** consider you, and your family, would make good foster carers?

Please tell us about any experience you have with children, including your own.

If you have any relevant qualifications please list them here.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Accommodation

Type of accommodation : (please tick)

House  Flat  Bungalow  High-rise flat

Number of Bedrooms : \_\_\_\_\_

Where would a foster child placed with you sleep?

Own Room  Shared Room  Cot in carer's room  Other

Do you or any household member smoke? Yes  No

If you have a history of any physical/mental health difficulties please provide details: (please note: the assessment process to become a foster carer includes full medicals for both applicants)

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If you, or any member of your household, have had any personal involvement with Social Care Departments; Police; Criminal Justice Systems or any other professional agency, please provide details:

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Please give details (for both applicants) of hours worked and how this will be balanced with your availability to attend training and provide Foster Care:

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When would you be available for a member of the Foster Care Service to undertake an Initial Visit to your home?

Daytime  Evening  Weekend



I would like to apply to be considered as a Foster Carer for Torbay Council and consent to the Foster Care Service undertaking such background checks as it sees fit :

Signature (applicant 1) : \_\_\_\_\_ Date : \_\_\_\_\_

Signature (applicant 2) : \_\_\_\_\_ Date : \_\_\_\_\_

Any other household members over 16 :

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

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

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

**Thank you for your time in completing this form.**

Contact the Torbay Foster Care Service on:

Telephone: 01803 207857

Email: fostercareservice@torbay.gov.uk

Website: www.torbay.gov.uk/fostercare