**Application Form – Secondary Applicant**

**Basic Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Name** |  | **Forenames** |  |
| **Previous Surnames** |  | **Other ‘Known By’ Names** |  |
| **Gender** |  | **Place of Birth** |  |
| **Date of Birth** |  | **Age** |  |
| **Nationality** |  | **Ethnicity** |  |
| **Religion or Faith Group** |  | **Practising or Non-Practising?** |  |
| **Primary Language in Your Home** |  | **Other Languages Spoken** |  |
| **National Insurance Number** |  | **Are You Registered Disabled?** |  |
| **Email Address** |  | | |
| **Home Telephone Number** |  | **Mobile Telephone Number** |  |

**Address**

|  |  |  |
| --- | --- | --- |
| **Current Address** |  | |
| **Date Moved Into This Address (Date/Month/Year)** | |  |

**Address History (Previous 10 Years)**

|  |  |  |
| --- | --- | --- |
| **Address** | **Date From** | **Date To** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Health**

|  |  |
| --- | --- |
| **Name of General Practitioner** |  |
| **Address of GP Practice** |  |
| **Telephone Number** |  |

|  |  |
| --- | --- |
| **Any health issues you feel we should be aware of** |  |

**Internet Checks**

Searches on the internet will be carried out to view any information within the public domain that is accessible by any member of the public (but not private areas that are password protected).

|  |
| --- |
| **List Any Media Sites You Belong To or Use** |
|  |

**Criminal Convictions**

A criminal conviction will not necessarily lead to a refusal of your application. Information provided will be treated in strict confidence according to the provisions of the Data Protection Legislation and the Disclosure and Barring Service Code of Practice.

You are required to inform us of whether you have any unspent convictions, cautions, reprimands or warnings, and should have given us full details prior to being invited to complete this application form.

Please note the Filtering rules below for criminal record check certificates

For those 18 or over at the time of the offence:

An adult conviction will be removed from a DBS certificate if:

• 11 years have elapsed since the date of conviction; and

• it is the person’s only offence, and

• it did not result in a custodial sentence

Even then, it will only be removed if it does not appear on the list of offences which will never be removed from a certificate. If a person has more than one offence, then details of all their convictions will always be included

An adult caution will be removed after 6 years have elapsed since the date of the caution – and if it does not appear on the list of offences relevant to safeguarding

For those under 18 at the time of the offence:

The same rules apply as for adult convictions, except that the elapsed time period is 5.5 years

The same rules apply as for adult cautions, except that the elapsed time period is 2 years

*If you or anyone in your household is unsure whether or not a particular conviction or caution will be filtered, you can get advice from the DBS Helpline on 0870 909 0811.*

|  |  |
| --- | --- |
| Have you ever been convicted or cautioned for any offences that will not be filtered? | Yes/No |
| [If so please provide details – include nature of offence, date, where it occurred, court/police authority and sentence. Please include any driving offences] | |

**Current Employment or Occupation**

|  |  |
| --- | --- |
| **Occupation/Job Role** |  |
| **Name & Address of Employer** |  |
| **Contact Name** |  |
| **Phone Number** |  |
| **Current Hours of Work** |  |
| **Any Planned Changes to Hours of Work?** |  |
| **At What Point Can We Apply For A Reference?** |  |

**Previous Employment & Voluntary Work**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date From** | **Date To** | **Job Role** | **Name & Address of Employer** | **Reason for Leaving** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

EX-PARTNER(S) CONTACT DETAILS – This includes partners who you have been married to or co-habited with and / or people you have had children with

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Nature of relationship (married or cohabitation) | Dates to and from | Current contact details (email/mobile/  address) | Names of any children from this relationship |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Children from Current or Previous Relationships Living Elsewhere**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Family Name** | **Forenames** | **Gender** | **Date of Birth** | **Age** | **Address** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Family Court Proceedings**

|  |  |  |  |
| --- | --- | --- | --- |
| **Have you been involved in any family court proceedings or in any proceedings about children and/or family?**  If yes, give details below | | | Yes/No |
| **Date** | **Name of Court** | **Type of Order** | **Name of Child** |
|  |  |  |  |
|  |  |  |  |

**Applications to Foster, Adopt, or Childmind**

|  |  |  |  |
| --- | --- | --- | --- |
| **Have you previously applied to become a Foster Carer, Adopter, or Child-Minder?**  If yes, give details below | | | Yes/No |
| **Date** | **Name & Address of Agency or Service** | **Type of Application** | **Outcome** |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Have you previously been a Foster Carer?**  If yes, give details below | | | Yes/No |
| **Date** | **Name & Address of Fostering Agency** | **Reason for Ending** | |
|  |  |  | |
|  |  |  | |

**Personal References**

|  |  |  |  |
| --- | --- | --- | --- |
| **Referee 1** | | | |
| **Name** |  | | |
| **Address** |  | | |
| **Telephone No** |  | **Email Address** |  |
| **Relationship To You** |  | **Number of Years Known** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Referee 2** | | | |
| **Name** |  | | |
| **Address** |  | | |
| **Telephone No** |  | **Email Address** |  |
| **Relationship To You** |  | **Number of Years Known** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Referee** | | | |
| **Name** |  | | |
| **Address** |  | | |
| **Telephone No** |  | **Email Address** |  |
| **Relationship To You** |  | **Number of Years Known** |  |

**School & College References**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of School/College** |  | | | | |
| **Address** |  | | | | |
| **Contact Name** |  | | **Telephone Number** |  | |
| **Name of Young Person** |  | **Year Group** |  | **Class** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of School/College** |  | | | | |
| **Address** |  | | | | |
| **Contact Name** |  | | **Telephone Number** |  | |
| **Name of Young Person** |  | **Year Group** |  | **Class** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of School/College** |  | | | | |
| **Address** |  | | | | |
| **Contact Name** |  | | **Telephone Number** |  | |
| **Name of Young Person** |  | **Year Group** |  | **Class** |  |

**Applicant’s Declaration**

|  |  |  |  |
| --- | --- | --- | --- |
| I undertake to be truthful and honest in providing full and accurate information for this assessment, both verbally and in writing. I understand that Fostering People may seek verification of any information that I have supplied or will supply, and that if any of this information is found to be false or misleading, this may result in Fostering People deciding not to proceed with my/our application.  I understand that any information supplied by me in respect of this application may be held and/or processed in an electronic form and is subject to the relevant provisions in the Data Protection Act 2018 and other statutes. I understand that any information supplied will form part of the Fostering People case record held in respect of this application to foster. | | | |
| **Signature** |  | **Date** |  |

**Note that Stage 1 of the assessment process will begin on receipt of the application form from yourself and the lead applicant AND a signed form of authority from all adult household members**

**Please return application form to:**

**Fostering People Ltd**

**Suite D Level 2**

**The Point**

**Welbeck Road**

**West Bridgford**

**Nottingham**

**NG2 7QW**