**Application Form – Main Applicant**

*For single applicants, a Form of Authority from should be completed by any current partner even if they are not part of household and even though they do not wish to jointly apply to foster*

**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)** | | |  | |
| **Is the property bought or rented? If rented, who is your landlord *(NB. If rented, a reference will be requested)*** | | |  | |
| **Others Living in the Household** | **Name** |  | **Date of Birth** |  |
| **Name** |  | **Date of Birth** |  |
| **Name** |  | **Date of Birth** |  |
| **Name** |  | **Date of Birth** |  |

**Household Accommodation**

|  |
| --- |
| **Briefly describe your home, including the number of bedrooms and proposed sleeping arrangements** |
|  |

**Household Pet Checks**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Pet** | **Type of Pet** | **Breed of Pet** | **Age of Pet** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Address History (From Age 18 years)**

|  |  |  |
| --- | --- | --- |
| **Address (Including Postcode)** | **Date From** | **Date To** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Health**

|  |  |
| --- | --- |
| **Name of General Practitioner** |  |
| **Address of GP Practice**  **Postcode** |  |
| **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. However, failure to disclose any conviction/caution could lead to your application being refused. Information provided will be treated in strict confidence according to the provisions of the Data Protection Legislation and the Disclosure Scotland Code of Practice.

|  |  |  |
| --- | --- | --- |
| Have you ever been convicted of a criminal offence, cautioned, or bound over by any court? | | 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] | | |
| **Are you currently a PVG Member?** | Yes/No | |

**Current Employment or Occupation**

|  |  |
| --- | --- |
| **Occupation/Job Role** |  |
| **Name & Address of Employer**  **Postcode** |  |
| **Contact Name & Job Title** |  |
| **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** |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Has any member of your household 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**  **Postcode** |  | | |
| **Telephone No** |  | **Email Address** |  |
| **Relationship To You** |  | **Number of Years Known** |  |

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Additional Referee (optional)** | | | |
| **Name** |  | | |
| **Address**  **Postcode** |  | | |
| **Telephone No** |  | **Email Address** |  |
| **Relationship To You** |  | **Number of Years Known** |  |

**School & College References (for any child of the family)**

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

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

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

**Applicant’s Declaration**

|  |  |  |  |
| --- | --- | --- | --- |
| I declare that all the information I have provided in this application is true to the best of my knowledge and belief, and that I have not withheld any relevant information. I understand that if I have deliberately made any false statements or intentionally omitted any information this may result in my application being rejected.  I understand that submission of this application attracts no guarantee of subsequent approval as a Foster Carer for Fostering People, nor that the assessment required will necessarily be completed; but I understand that any decision by Fostering People to discontinue assessment, or refuse approval upon completion of assessment, will be provided to me with reasons. | | | |
| **Signature** |  | **Date** |  |