

Fostering Application Form Leicester City Council

Couples should complete details for both Applicant 1 and Applicant 2.

Please provide as much detail as possible as it will help with your application.

When complete please email to fostering.information@leicester.gov.uk

Your information is being handled in line with current Data Protection laws. To find out more access the [privacy notice](https://www.leicester.gov.uk/your-council/how-we-work/our-website/privacy/) on our website.

# About you

|  |  |  |
| --- | --- | --- |
|   | **Applicant 1** | **Applicant 2**   |
| Surname  |   |   |
| First names  |   |   |
| Other names (include maiden/ familiar names)  |   |   |
| Date of birth and age  |   |   |
| Ethnicity  |   |   |
| Nationality  |   |   |
| Gender  |   |   |
| Languages spoken  |   |   |
| Religion or faith group  |   |   |
| Are you practising or non-practising?  | Practising / Non-Practising | Practising / Non-Practising  |
| Do you have a disability?  | Yes/No (If yes, please give details)  | Yes/No (If yes, please give details) |
| Phone: home  |   |   |
| Phone: mobile  |   |   |
| E-mail Address |   |   |
| Best way to contact you  |   |   |

# Where you live

|  |  |  |
| --- | --- | --- |
|  | **Applicant 1** | **Applicant 2**   |
| Current address    Postcode  |   |   |
| How long have you lived at this address? |   |   |
| Is this your permanent address? If not give details  | Yes/No  | Yes/No  |

# Previous addresses

If you have lived in your current address for less than 10 years, please give your previous addresses for each person below and indicate which of you lived here:

|  |  |  |
| --- | --- | --- |
| **APPLICANT 1: Previous addresses**  | **From**  | **To**  |
|   |   |   |
|   |   |   |
|   |   |   |
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|  |  |  |
| --- | --- | --- |
| **APPLICANT 2: Previous Addresses**  | **From**  | **To**  |
|   |   |   |
|   |   |   |
|   |   |   |

## Partnership status

|  |  |
| --- | --- |
| If you are living with a partner or married, give the date on which you set up a household together |  |

# Who else lives in the household?

## Children under 18

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Surname**  | **First name/s**  | **Sex M/F**  | **Date of birth**  | **Ethnicity**  | **Relationship to applicant(s)**  |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |

## Adults (including grown-up children) living in your household

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Surname**  | **First name/s**  | **Sex M/F**  | **Date of birth**  | **Ethnicity**  | **Relationship to applicant(s)**  |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
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## Do you have any children (under 18) from a current or previous partnership living elsewhere?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Surname**  | **First name/s**  | **Sex M/F**  | **Date of birth**  | **Ethnicity**  | **Relationship to applicant(s)**  |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |

## Do you have any adult children living elsewhere?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Surname**  | **First name/s**  | **Sex M/F**  | **Date of birth**  | **Ethnicity**  | **Relationship to applicant(s)**  |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |

# Occupation

|  |  |  |
| --- | --- | --- |
|  | **Applicant 1**  | **Applicant 2**  |
| Job Title  |   |   |
| Current employer and address   |   |   |
| Date started  |   |   |
| Current hours of work  |   |   |
| Proposed hours of work following placement of child  |   |   |
| Have you ever worked with children or vulnerable adults? If so, please give details.  | Yes/No  | Yes/No  |

# Residence

|  |  |  |
| --- | --- | --- |
|  | **Applicant 1**  | **Applicant 2**  |
| Is your main home currently in the UK?  | Yes/No  | Yes/No  |
| If not, state where your main home is.  |   |   |
| How long have you been living in the UK?  |   |   |
| If you are a non-UK passport holder, state country of issue  |   |   |
| If you are a non-UK passport holder or European Economic Area (EEA) citizen do you have permanent residency in the UK?  | Yes/No  | Yes/No  |
| If not, how long have you lived in the UK?  |   |   |
| If you are a non-UK and non-EEA citizen, do you have indefinite leave to remain in the UK?  | Yes/No  | Yes/No  |

# Checks (complete for both applicants if applying as a couple)

|  |  |  |
| --- | --- | --- |
|   | **Applicant 1**  | **Applicant 2**  |
| Have you or your partner ever been convicted of a criminal offence? If yes, please give details.  | Yes/No   | Yes/No   |
| Have you been involved in any family court proceedings or in any proceedings about children and/or family? If yes, give details of the date, name of court, type of order made and the name of the children concerned.  | Yes/No   | Yes/No  |
| Have you previously applied to become a foster carer, adopter or child-minder? If yes, give details of the date, the name of the agency, their address, and the outcome.  | Yes/No  | Yes/No  |
| Have you or a member of your family ever had any involvement with social services? If so please give details  | Yes/No  | Yes/No  |

# Things to consider

|  |  |
| --- | --- |
| What age-group would you prefer to foster?  |   |
| How many children at a time do you think you could foster?  |   |
| How many bedrooms do you have available for fostering?  |   |
| Does your home have wheelchair access?  | Yes/No   |
| Do you have a bedroom or a bathroom downstairs accessible for a disabled child?  | Yes/No   |
| Are you currently applying to foster with another agency?  | Yes/No   |
| Are you having or planning to have fertility treatment to start a family?  | Yes/No   |
| Are you thinking about adoption as well as fostering?  | Yes/No   |
| If one of our foster carers has advised you to find out about fostering, please let us know their name so we can thank them.  |   |

# Health

|  |  |  |
| --- | --- | --- |
|  | **Applicant 1**  | **Applicant 2**  |
| Please tell us about any health conditions affecting you or your partner.  |   |   |

## Smoking

|  |  |
| --- | --- |
| Does anybody in your household smoke? |  Yes/No  |
| Has anyone in your household ever smoked? | Yes/No When did they stop? |

|  |
| --- |
| **Please use this space to tell us more about yourself. Include any childcare experience you may have and why you would like to foster.** |
|  |

# Declaration

I certify that, to the best of my knowledge and belief, the details supplied in this form are correct. I understand that the agency may seek verification of any of the facts supplied. I understand that if any of this information is found to be false or misleading, this may result in the agency deciding not to proceed to an assessment of my application to foster.

I understand that the agency may ask me to supply further information in order to make the decision to proceed to an assessment of my application.

I understand that any information supplied by me in respect of my interest to foster may be held and/or processed in an electronic form and is subject to the relevant provisions in the Data Protection Act 1998 and other relevant statutes. I understand that any information supplied will form part of the agency's case record held in respect of my application.

# Consents

I give my consent to the agency asking for information (written or verbal) from the individuals, agencies or organisations identified by me or by the agency, including CAFCASS, in support of this interest to foster. I understand that any information obtained will only be used in processing my application to foster.

I give my consent to the agency requesting a police check from the Disclosure and Barring Service. I understand that the appropriate forms will be given to me once my registration has been accepted.

I consent to the agency requesting a written report from my GP about my health once my registration has been accepted and I agree to arrange and take part in a medical examination by my registered medical practitioner who will then provide a written report and to any further enquiry deemed necessary.

I understand that further enquiries from medical specialists may be needed, and that in future I may be asked to give specific consent to obtain further health information.

**PLEASE NOTE: If you don’t have an image of your Signature then please state that you are happy for us to process this application in the body of your email.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Print name** | **Signature**  | **Date** |
| **Applicant 1** |  |  |  |
| **Applicant 2** |  |  |  |
| **Other adult in household aged over 18 years** |  |  |  |
| **Other adult in household aged over 18 years** |  |  |  |
| **Other adult in household aged over 18 years** |  |  |  |
| **Other adult in household aged over 18 years** |  |  |  |