

Fostering Application

| | 1st Applicant (to be main carer) | 2nd Applicant (spouse/partner, supporting carer) | |
|---|---|---|--|
| Names, including <u>all</u> forenames | | | |
| LCS Nos (<i>office use only</i>) | | | |
| Full address (including postcode) | | | |
| Type of property (e.g. detached, semi-detached, ground floor flat etc., rented/owned?) | | Number of bedrooms | |
| | | Number potentially available for fostering | |
| Date (mm/yyyy) of moving there | | | |
| If rented, how long is your tenancy agreement? | | | |
| Home telephone number | | Ex-directory? | |
| Mobile telephone number(s) | | | |
| Work telephone numbers(s) | | | |
| Email address | | | |

Please say briefly why you are interested in applying to Norfolk Fostering Service

Information about you

| | 1 st Applicant | 2 nd Applicant |
|--|---------------------------|---------------------------|
| Gender | | |
| Current marital status | | |
| Length of present relationship (if any) | | |
| Age and date of birth | | |
| Maiden name (if applicable) | | |
| Previously used names (if applicable) | | |
| Ethnic origin (e.g. White British) | | |
| Language(s) spoken at home | | |
| Religion and if practicing | | |
| Employment or current occupation | | |
| Is this full or part-time? if part-time, how many hours per week? | | |
| Have you been or are you subject to an allegation or complaint within your employment? | | |
| Do you hold a current driving licence? | | |
| Do you own a car, or have use of one? | | |
| Do you have any criminal convictions? | | |
| If yes, please provide brief details of these | | |
| Does your household include any pets, e.g. dogs or other large animals? | | |
| If yes, please provide brief details of these | | |

| | | |
|---|--|--|
| Do you or any member of your household own any firearms including air rifles or similar? | | |
| Have you ever lived abroad for a period in excess of 12 months? | | |
| If yes, please provide brief details of this | | |
| Do you or any member of your household smoke, vape or use e-cigarettes? | | |
| Have you or any member of your immediate family had contact with Children's Services in Norfolk or elsewhere? Please give details. | | |
| How would you describe your health? | | |
| Are you registered disabled? | | |
| If yes, please give brief details of disability | | |
| Are you approved or have you ever applied to foster with Norfolk County Council or any other local authority or private agency? If so, please provide details. | | |
| Are you or have you ever been a registered child minder? | | |

Upon receipt of this completed Fostering Application form, a social worker from Norfolk Fostering Service will be in contact to arrange a visit to see you at home.

Please advise of the best time for a visit; if in a partnership we would need to see both of you together.

| | | | | | | | |
|-----------------|--|-----------------|--|----------------|--|----------|--|
| Monday - Friday | | | | | | | |
| Morning | | Early afternoon | | Late afternoon | | Evening* | |

*** Please note: Our staff will only undertake evening visits if no other option is available.**

What age-range of children would you be interested in fostering?

| | | | | | | | | | |
|--------|--|---------|--|----------|--|---------|--|----------|--|
| 0-4yrs | | 5-11yrs | | 12-16yrs | | Any age | | Not sure | |
|--------|--|---------|--|----------|--|---------|--|----------|--|

How many places might you be able to offer?

| | | | | | | | | | |
|---|--|---|--|---|--|-------------------|--|-------------------------------------|--|
| 1 | | 2 | | 3 | | More, if siblings | | CWD/short breaks or linked families | |
|---|--|---|--|---|--|-------------------|--|-------------------------------------|--|

Any preference as to gender of child(ren)?

| | | | | | |
|--------------|--|----------------|--|-------------------------------|--|
| Male(s) only | | Female(s) only | | Either gender (no preference) | |
|--------------|--|----------------|--|-------------------------------|--|

Please provide the following details:

Children and other people currently residing within your household (use additional sheet if necessary)

| Name Include surname and <u>all</u> forenames | Gender | Date of birth | Relationship (e.g. son, daughter, lodger, friend) | LCS No. (office use only) |
|---|--------|---------------|---|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Details of all children (adult or minor) no longer residing within household (including those deceased) and or living with ex-partner.

| Name Include surname and <u>all</u> forenames | Gender | Date of birth | Relationship (e.g. son, daughter, lodger, friend) | LCS No. (office use only) |
|---|--------|---------------|---|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Other names used, have either of you ever been known by any other names?

| | 1 st Applicant | 2 nd Applicant |
|---------------------|---------------------------|---------------------------|
| Surname | | |
| Forenames | | |
| Date from (mm/yyyy) | | |
| Date to (mm/yyyy) | | |
| | | |
| Surname | | |
| Forenames | | |
| Date from (mm/yyyy) | | |
| Date to (mm/yyyy) | | |
| | | |
| Surname | | |
| Forenames | | |
| Date from (mm/yyyy) | | |
| Date to (mm/yyyy) | | |

At Stage 1 and Stage 2 of the Fostering Recruitment Process, in accordance with Regulation 26 of the Fostering Regulations and Guidance and National Minimum Standards, Norfolk Fostering Service are required to obtain the following information from checks and references.

- Names and addresses of three persons who will provide personal references for the applicant(s). A social worker will interview the referees in person or over the phone.
- The applicant and each members of their household aged 18 years or over will require an enhanced Disclosure and Barring Services (DBS) certificate.
- A medical report from the applicants GP
- Name and address of any fostering service that the applicant has been an approved foster carer for in the preceding 12 months.
- Details of any current and any previous marriage, civil partnership or similar relationship.
- To consult the Local Authority in whose area the applicant lives.

In order for the above checks and references to be undertaken by Norfolk Fostering Service at Stage 1 and Stage 2 of the assessment process, please provide the following information:

Three personal referees who know you well and can comment knowledgeably on your abilities, particularly around childcare. These should not be your GP or current employer and only one may be a family member or relative.

| | | |
|--|--|--|
| Name of referee | | |
| Address (including postcode) | | |
| Telephone | | |
| Mobile | | |
| Email | | |
| Relationship (e.g. family member, friend, work colleague etc) | | |
| How long have you known them? | | |
| | | |

| | | |
|--|--|--|
| Name of referee | | |
| Address (including postcode) | | |
| Telephone | | |
| Mobile | | |
| Email | | |
| Relationship (e.g. family member, friend, work colleague etc) | | |
| How long have you known them? | | |
| | | |
| Name of referee | | |
| Address (including postcode) | | |
| Telephone | | |
| Mobile | | |
| Email | | |
| Relationship (e.g. family member, friend, work colleague etc) | | |
| How long have you known them? | | |
| | | |

GP details

| | 1st Applicant | 2nd Applicant |
|---|---------------------------------|---------------------------------|
| Name of GP | | |
| Name of surgery/medical practice | | |
| Address (including postcode) | | |
| Telephone | | |
| Email | | |
| | | |

Details of last three relationships

| | 1 st Applicant | 2 nd Applicant |
|------------------------------|---------------------------|---------------------------|
| Full name | | |
| Address (including postcode) | | |
| Email | | |
| Date from (mm/yyyy) | | |
| Date to (mm/yyyy) | | |
| | | |
| Full name | | |
| Address (including postcode) | | |
| Email | | |
| Date from (mm/yyyy) | | |
| Date to (mm/yyyy) | | |
| | | |
| Full name | | |
| Address (including postcode) | | |
| Email | | |
| Date from (mm/yyyy) | | |
| Date to (mm/yyyy) | | |
| | | |

If you are currently employed, please supply the name of your manager or supervisor and the business name and address of your employer.

| | 1 st Applicant | 2 nd Applicant |
|---------------------------------|---------------------------|---------------------------|
| Manager/supervisor | | |
| Name of business/company | | |
| Address (including postcode) | | |
| Telephone | | |
| Email | | |
| How long have you worked there? | | |

If you have children of pre-school age, please supply the name of your health visitor and the practice where based.

| | | |
|------------------------|--|--|
| Name of Health Visitor | | |
|------------------------|--|--|

If you have children of school age, please supply the name of the school, Head Teacher and the name(s) and date(s) of birth of the child(ren) attending the school.

| | | |
|---|--|-----|
| Name of School | | |
| Name of Head Teacher | | |
| Address (including postcode) | | |
| Telephone | | |
| Email | | |
| Name(s) and date(s) of birth of the child(ren) attending the school | | DOB |
| | | DOB |
| | | DOB |
| | | DOB |

If you have children or young adults attending college or university, please supply the name of the college/university and the name(s) and date(s) of birth of the child(ren) attending further education.

| | | | |
|---|--|-----|--|
| Name of college/university | | | |
| Address (including postcode) | | | |
| Telephone | | | |
| Email | | | |
| Name(s) and date(s) of birth of the young people attending. | | DOB | |
| | | DOB | |
| | | DOB | |
| | | DOB | |
| | | | |

If you have previously worked with children, young people or adults in any capacity whatsoever, paid or voluntary (e.g. school meals supervisor, childminder, scout or guide leader, special needs or care of the elderly etc.,) please supply the name of the organisation or company, the address or location, the approximate start and end dates of that work and, if your name has changed, the name you were using at that time.

| | | | |
|--|------|-------------------|-----------|
| Name of applicant | | | |
| Name of organisation/company | | | |
| Address or location (including postcode) | | | |
| Email | | | |
| Paid or voluntary? (please tick) | Paid | | Voluntary |
| Date from (mm/yyyy) | | Date to (mm/yyyy) | |
| Name used at the time | | | |
| | | | |

| | | | | |
|---|-------------|--------------------------|------------------|--|
| Name of applicant | | | | |
| Name of organisation/company | | | | |
| Address or location (including postcode) | | | | |
| Email | | | | |
| Paid or voluntary? (please tick) | Paid | | Voluntary | |
| Date from (mm/yyyy) | | Date to (mm/yyyy) | | |
| Name used at the time | | | | |
| | | | | |
| Name of applicant | | | | |
| Name of organisation/company | | | | |
| Address or location (including postcode) | | | | |
| Email | | | | |
| Paid or voluntary? (please tick) | Paid | | Voluntary | |
| Date from (mm/yyyy) | | Date to (mm/yyyy) | | |
| Name used at the time | | | | |
| | | | | |

We also need to make checks with all local authorities in which you have resided within the last 10 years. Please supply your previous addresses, including postcodes, the name of the local authority for each address, the approximate dates that you lived at each address and, if your name has changed, the name you were using at that time.

| | | | | |
|-------------------------------------|--|--------------------------|--|--|
| Name of Local Authority | | | | |
| Name of Applicant | | | | |
| Address (including postcode) | | | | |
| Date from (mm/yyyy) | | Date to (mm/yyyy) | | |
| Name used at the time | | | | |
| | | | | |

| | | |
|-------------------------------------|--|--------------------------|
| Name of Local Authority | | |
| Name of Applicant | | |
| Address (including postcode) | | |
| Date from (mm/yyyy) | | Date to (mm/yyyy) |
| Name used at the time | | |
| | | |
| Name of Local Authority | | |
| Name of Applicant | | |
| Address (including postcode) | | |
| Date from (mm/yyyy) | | Date to (mm/yyyy) |
| Name used at the time | | |
| | | |
| Name of Local Authority | | |
| Name of Applicant | | |
| Address (including postcode) | | |
| Date from (mm/yyyy) | | Date to (mm/yyyy) |
| Name used at the time | | |
| | | |
| Name of Local Authority | | |
| Name of Applicant | | |
| Address (including postcode) | | |
| Date from (mm/yyyy) | | Date to (mm/yyyy) |
| Name used at the time | | |
| | | |

Please supply here the details of any military service you have undergone or the information for any other checks you have been specifically asked to provide.

Please use the space below for any additional information you wish to provide.

Consent to enquiries

I understand that Norfolk County Council is required by the above regulations to make enquiries from amongst the list of people below about any person wishing to be approved as a foster carer and any other adult members of the household.

Criminal Records Bureau

Department of Health

Family doctor

Health visitor

Other local authorities in whose area the enquirer has lived or worked

Employer

Schools/colleges/universities

Personal referees

OFSTED (if the enquirer is or has been a childminder)

Voluntary organisations

Social Media

Other (including military service)

I understand that these enquiries are for the purpose of carrying out a comprehensive assessment of my suitability for approval as a foster carer and give my consent for enquiries to be made of the agencies and individuals I have listed on the Fostering Application Form.

In accordance with the General Data Protection Regulation (GDPR) the information given on this form will be kept securely and in confidence, used only for the agreed purpose and will not be released to others without your expressed consent, unless there is a statutory requirement to do so.

Our [privacy notice](#) explains what to expect when we collect personal information.

Tick to confirm that you have read our privacy notice.

| | | | |
|--|--------------------------|-------------|--|
| Tick | <input type="checkbox"/> | Date | |
| 1st Applicants signature | | | |
| Name (in block capitals) | | | |

Consent to enquiries

I understand that Norfolk County Council is required by the above regulations to make enquiries from amongst the list of people below about any person wishing to be approved as a foster carer and any other adult members of the household.

Criminal Records Bureau

Department of Health

Family doctor

Health visitor

Other local authorities in whose area the enquirer has lived or worked

Employer

Schools/colleges/universities

Personal referees

OFSTED (if the enquirer is or has been a childminder)

Voluntary organisations

Social Media

Other (including military service)

I understand that these enquiries are for the purpose of carrying out a comprehensive assessment of my suitability for approval as a foster carer and give my consent for enquiries to be made of the agencies and individuals I have listed on the Fostering Application Form.

In accordance with the General Data Protection Regulation (GDPR) the information given on this form will be kept securely and in confidence, used only for the agreed purpose and will not be released to others without your expressed consent, unless there is a statutory requirement to do so.

Our [privacy notice](#) explains what to expect when we collect personal information.

Tick to confirm that you have read our privacy notice.

| | | | |
|--|--------------------------|-------------|--|
| Tick | <input type="checkbox"/> | Date | |
| 2nd Applicants signature | | | |
| Name (in block capitals) | | | |

Declaration

By signing and ticking the box(es) below, I / we understand that in accordance with the Data Protection Act 2018 the information given on this form will be kept securely and in confidence, used only for the agreed purpose and will not be released to others without my / our expressed consent, unless there is a statutory requirement to do so.

| | | | | |
|-------------------------------|--------------------------------------|--|------|--|
| Tick <input type="checkbox"/> | 1 st Applicants signature | | Date | |
| Tick <input type="checkbox"/> | 2 nd Applicants signature | | Date | |

IMPORTANT If a joint application by a couple, each person must:

- a) Read, complete and sign the consent for checks as part of this application.
- b) Read carefully our Privacy Notice and tick the box to confirm you have understood this.
- c) Please sign and date the statement regarding the data protection act 2018
- d) Ensure if more than one applicant, that both have signed the consent forms

Thank you for completing this application.

You may either:

Email the completed form to fostering@norfolk.gov.uk or print the completed form and post to:

Fostering Recruitment Team
Children's Services
5th Floor, County Hall
Martineau Lane
Norwich
NR1 2DH

A social worker will then contact you to explain the next part of the application process.



If you need this information in large print, or in an alternative version, please contact Norfolk County Council Customer Service Centre on 0344 800 8020