

# YOUR PROCESS NAME - YOUR STAGE NAME

FS123456

## Section 1

I/We would like to apply to become:	Foster carer(s)
How many applicants are there?	2
Have you received a home visit?	Yes
Date of home visit	2018-10-01
Title	Ms
First name	Friday
Surname	Tomorrow
Date of birth	1986-11-10
Place of birth	Birmingham
Are you a British citizen?	Yes
Nationality	British
To which of these groups do you consider you belong?	White Irish
How would you describe your religion or belief?	None
Preferred language (if not English)	French
Gender	Female
Do you consider yourself to have a disability or long-term limiting illness as defined by the Disability Discrimination Act 1995?	Yes
Please provide details	Testing disability app1
Have you been convicted of a criminal offence including any offence under the Rehabilitation of Offenders Act?	No
Title	Mr
First name	Thursday
Surname	Today
Any previous names (including maiden name)	Wednesday
Date of birth	1976-04-02
Place of birth	Cardiff
Are you a British citizen?	No
Do you have indefinite leave to remain in the UK?	Yes
Nationality	Spanish
To which of these groups do you consider you belong?	White - other background
How would you describe your religion or belief?	Hindu
Preferred language (if not English)	Italian
Gender	Male
Do you consider yourself to have a disability or long-term limiting illness as defined by the Disability Discrimination Act 1995?	No
Have you been convicted of a criminal offence including any offence under the Rehabilitation of Offenders Act?	No

## Section 2

Marital or civil partnership status	Married
Date of marriage or civil partnership registration	2000-05-01
Are you married to, in a civil partnership or cohabiting with applicant 2?	No
Have you previously been married or entered into a civil partnership?	Yes

previousspouseapp1  
Record 1

**Name of previous spouse or civil partner** Spouse No 1

**Address of previous spouse or civil partner (if known)** Any StreetAny Town

**Phone number of previous spouse or civil partner (if known)** Not known

**Reason for divorce or dissolution civil partnership** no reason

**Are there any children from this relationship?** Yes

**Please provide details (name and date of birth) of children** Child no 1 - DOB

## Record 2

**Name of previous spouse or civil partner** Spouse No 2

**Address of previous spouse or civil partner (if known)** not known

**Phone number of previous spouse or civil partner (if known)** 01344 352000

**Reason for divorce or dissolution civil partnership** no idea

**Are there any children from this relationship?** No

**Marital or civil partnership status** Married

**Have you previously been married or entered into a civil partnership?** Yes

**Name of previous spouse or civil partner** App 2 spouse 1

**Address of previous spouse or civil partner (if known)** 1 High StreetBracknell

**Phone number of previous spouse or civil partner (if known)** 01344 352001

**Reason for divorce or dissolution civil partnership** don't know

**Are there any children from this relationship?** No

## Section 3

**Building number/name** Time Square

**Street** Market Street

**Town** Bracknell

**Postcode (e.g. RG12 1JD)** RG12 1JD

**Mobile phone number** 01344 352001

**Home phone number** 01344 352002

**Email** app1@bracknell-forest.gov.uk

**Do you and applicant 2 live at the same address?** No

**Building number/name** 1

**Street** Long Street

**Locality** Here

**Town** Ascot

**County** Berks

**Postcode (e.g. RG12 1JD)** RG12 1JH

**Home phone number** 01344 352003

**Email** test@bracknell-forest.gov.uk

**Type eg, house, flat** Flat

**Number of living rooms** 2

**Number of bedrooms** 4

**Number of available bedrooms for a fostered child(ren)** 2

**Date of moving to this address** 2011-03-01

**Date of moving to this address for applicant 2** 2012-05-03

**Please enter a previous address where you have lived during the past 10 years** 2 high street

**Date moving to that address** 2008-08-01

**Date leaving that address** 2009-08-09

## Record 1

Please enter a previous address where you have lived during the past 10 years

Date moving to that address

Date leaving that address

This streetThat town

2007-09-08

2008-07-09

## Record 2

Please enter a previous address where you have lived during the past 10 years

Date moving to that address

Date leaving that address

2 High StreetAny Town

2009-11-09

2010-06-09

## Section 4

Age on leaving school

Qualifications obtained at school

Further education and higher education qualifications

Age on leaving school

Qualifications obtained at school

Further education and higher education qualifications

16

None

Nothing

34

Loads of qualifications

Degree

## Section 5

Are you employed?

Are you self employed?

Name of current employer

Time in current post

Hours of work or shift pattern

Annual income

National Insurance Number

Are you employed?

Are you self employed?

Name of business

Registered address of business

Annual income

National Insurance Number

Yes

No

BFC

23 years

afternoons

1000.00

not known

No

Yes

My Business

Herethere

600000.00

don't know

## Section 6

Are there any children under the age of 16 living in the household

Yes

Fostering - children under the age of 16 in the household if 1 app

Record 1

Child's name

Gender

Child's date of birth

Relationship to applicant 1

Relationship to applicant 2

Name and address of school or college and head teacher or tutor (if applicable)

Child 1

male

2015-02-01

son

son

local schoolhereRG12 1JD

## Record 2

Child's name

Gender

Child's date of birth

Relationship to applicant 1

Relationship to applicant 2

Child 2

Female

2011-08-07

daughter

Daughter

Name and address of school or college and head teacher or tutor (if applicable)

None

Are there any other children, including adult children, living away from the household or deceased?

No

Are they any adults aged 16 or over in your household?

Yes

Name

Other Person

Gender

Female

Date of birth

1990-09-08

Relationship to applicant 1

Friend

Relationship to applicant 2

None

Has this person been convicted of a criminal offence including an offence under the Rehabilitation of Offenders Act?

No

## Section 7

Please describe direct experience of caring for or looking after a child or children eg, childminding, nursing etc

loads of experience

Have you previously acted as a foster carer?

Yes

Please give details of agency and date this ceased (if not still fostering)

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Have you previously had in your care a foster or protected child who has been removed on the order of a court?

Yes

Please provide details

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Have you previously had in your care a child under a private fostering arrangement?

No

Have you ever been prohibited from keeping a foster or protected child or a child in a private fostering arrangement?

Yes

Please provide details

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Have you ever sought a child for adoption?

No

Have you ever been in contact with or received children's services from this or any other local authority?

Yes

**Please provide details**

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**Please describe direct experience of caring for or looking after a child or children eg, childminding, nursing etc**

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**Have you previously acted as a foster carer?**

Yes

**Please give details of agency and date this ceased**

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**Have you previously had in your care a foster or protected child who has been removed on the order of a court?**

No

**Have you previously had in your care a child under a private fostering arrangement?**

Yes

**Please provide details**

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**Have you ever been prohibited from keeping a foster or protected child or a child in a private fostering arrangement?**

No

**Have you ever sought a child for adoption?**

No

**Have you ever been in contact with or received children's services from this or any other local authority?**

No

## Section 8

Preferred age range	7 to 9
Number of children	1,2,More than 2
Would you consider fostering a child with disabilities?	Yes
Disabilities	Mild,Moderate,Severe

## Section 10

Are you, or any member of your household or immediate family, an employee of, or related to an employee of Bracknell Forest Council Children's Services department?

Yes

Please provide details

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Are you, or any member of your household or immediate family, an employee of, or related to an employee of Bracknell Forest Borough Council Children's Services department?

No

## Section 11

Name of referee 1	Ref app1
Building number/name	Time Square
Street	High
Town	Bracknell
Postcode (e.g. RG12 1JD)	RG12 1JD
Phone number of referee 1	01344 352000
Relationship to applicant	None
Name of referee 2	Friend app1
Building number/name	here
Street	there
Locality	any
Town	That Town
Postcode (e.g. RG12 1JD)	RG12 1HJ
Phone number of referee 2	01344 352003
Relationship to applicant	none
Name of referee 3	Friend app 2a
Building number/name	1
Street	High Street
Town	Bracknell
Postcode (e.g. RG12 1JD)	RG12 9HJ
Phone number of referee 3	01344 352003
Relationship to applicant	none
Name of referee 1	Family app 2
Building number/name	5
Street	Long Lane
Town	Swindon
Postcode (e.g. RG12 1JD)	RG34 4GY
Phone number of referee 1	01344 352004
Relationship to applicant	mother
Name of referee 2	Friend ref 2
Building number/name	8
Street	Main Street
Town	Bracknell
Postcode (e.g. RG12 1JD)	RG12 7HS

Phone number of referee 2 01344 352005  
Relationship to applicant Friend  
Name of referee 3 Friend Ref 3  
Building number/name Green House  
Street This Street  
Town Any Town  
Postcode (e.g. RG12 1JD) RG12 8GH  
Phone number of referee 3 01344 352009  
Relationship to applicant None

## Section 12

Organisation BFC  
Contact name A Person  
Address Time SquareMarket StreetBracknellRG12 1Jd  
Phone number 01344 352003  
Email address test@bracknell-forest.gov.uk

## Section 13

Doctor's name Dr App  
Surgery address SurgeryThat StreetBracknell  
Doctor's phone number 01344 350987  
Doctor's name Dr App2  
Surgery address SurgeryThis StreetBracknellBerkshire  
Doctor's phone number 01344 350989

## Section 14

Have you ever done any voluntary work? No  
Have you ever done any voluntary work? Yes  
Name of voluntary organisation An organisation  
Contact name Another Person  
Address HerethereWhere  
Phone number 01344 352098

## Section 15

**Any other comments or questions?**

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**To the best of my knowledge and belief, the information given in this form is correct.**

To the best of my knowledge and belief, the information given in this form is correct.

**Date**

2018-10-11

**checkbox 1**

To the best of my knowledge and belief, the information given in this form is correct.

**Date**

2018-10-11