

PRELIMINARY ENQUIRY FORM FOR POTENTIAL FOSTER CARERS



All information will be treated as strictly confidential. After completion please return to the Foster Care Link offices at 159B Stoke Newington High Street, London N16 0NY or fax to number 020 7923 1754. If you have any questions on completing this form please call us on number 020 7923 0330 or email us on admin@fostercarelink.com. You can also download a copy of this form in PDF Format on the 'downloads' page of our website at www.fostercarelink.com

PART 1 - PERSONAL DETAILS

1.1 NAME, DATE OF BIRTH AND OTHER DETAILS

If you are a married couple or a cohabiting couple you must complete the details on this form for both partners and you must both sign the form.

	FIRST ENQUIRER	SECOND ENQUIRER
SURNAME		
FORENAMES		
PREVIOUS NAME/S		
DATE OF BIRTH		
PLACE OF BIRTH		
NATIONALITY		
IF NOT A BRITISH CITIZEN DO YOU HAVE INDEFINITE LEAVE TO REMAIN IN THE U.K.?		
ETHNIC ORIGIN		
RELIGION		
SECT/SCHOOL OF THOUGHT		
LANGUAGES SPOKEN		
MARITAL STATUS		
OCCUPATION		
HOME PHONE NO.		
MOBILE PHONE NO.		
EMAIL ADDRESS		
LOCAL AUTHORITY WHERE RESIDENT		
ADDRESS		
HOW LONG HAVE YOU LIVED AT THIS ADDRESS?		

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1.3 CURRENT EMPLOYMENT

Please provide details of current employment if applicable.

	FIRST ENQUIRER	SECOND ENQUIRER
NAME OF EMPLOYER		
ADDRESS		
TELEPHONE NUMBER		
DATE COMMENCED		
YOUR JOB TITLE		
PART TIME/FULL TIME		

1.4 OTHER DETAILS

DO YOU HAVE A FULL U.K. DRIVING LICENCE?	First Enquirer Yes/No - Second Enquirer Yes/No
DO YOU HAVE A FAMILY CAR?	Yes / No
WHAT INTERESTS/HOBBIES DO YOU ACTIVELY PARTICIPATE IN? (IF ANY)	First Enquirer: Second Enquirer:
HAVE YOU HAD ANY PERSONAL EXPERIENCE OF FOSTERING?	First Enquirer: Second Enquirer:

PART 2 – HOME AND FAMILY

2.1 CURRENT ACCOMMODATION

Please provide details of your current accommodation. **You should have at least one spare bedroom available for a foster child.** Circle/delete answers as appropriate or enter answers in space provided.

TYPE OF PROPERTY	Flat; terraced, detached or semi-detached house, maisonette, town-house, bungalow. Other (please specify):
OCCUPATION TERMS	Private rented, Council Rented, Housing Association Rented, Owned, Owned by Family, Other (please specify):
IF RENTED, DO YOU HAVE SECURITY OF TENURE FOR AT LEAST 2 YEARS?	Yes/No. If no please explain:

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NUMBER OF BEDROOMS?	1, 2, 3, 4, 5, 6, Other:
DO YOU HAVE A SPARE BEDROOM OR BEDROOMS?	Yes/No
DO YOU HAVE ANY PETS?	Yes/No - If yes please specify type and number:
DO YOU HAVE A GARDEN?	Yes/No
DO YOU HAVE WHEELCHAIR ACCESS?	Yes/No

2.2 LOCAL AREA

Please provide details of how close the following amenities are to your current address. Please specify in detail e.g. "10 minute car ride" or "2 minute brisk walk"

Playgroup/Mother Toddler Group	
Nursery School	
Primary School	
Secondary School	
Mosque/Madressa	
General Practitioner (GP)	
Optician	
Dentist	
Shops/High Street	
Hospital	
Play Area	
Community Centre	

2.3 CHILDREN WHO LIVE WITH YOU

Please provide details of **ANY** children that currently live with you and if applicable any children you childmind.

NAME & SURNAME	GENDER	DATE OF BIRTH	RELATIONSHIP TO ENQUIRER(S)

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2.4 ADULT CHILDREN LIVING SEPARATELY

Please provide details of any children that have previously lived with you, but now live independently

NAME & SURNAME	GENDER	DATE OF BIRTH	RELATIONSHIP TO ENQUIRER(S)

2.5 OTHER PEOPLE LIVING WITH YOU

Please provide details of any other people living in your current accommodation who have not already been mentioned in this form e.g. relative, tenant, friend etc.

NAME & SURNAME	GENDER	DATE OF BIRTH	RELATIONSHIP

PART 3 – ENQUIRERS HEALTH

3.1 GENERAL HEALTH

Please answer the questions below providing as much detail as possible, and specifying which enquirer is being referred to.

Do you have any serious illnesses? If yes, please provide details of the condition and medication/treatment used	Yes/No Details:
Do you have any minor illnesses that require regular medication	Yes/No Details:
Have you had any major/minor surgery during the last five years?	Yes/No Details:
Have you ever experienced any mental health problems?	Yes/No Details:
Please provide details of any medication used by you not already mentioned	Details:

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PART 4 – FOSTERING

4.1 TYPE OF CHILDREN/YOUNG PEOPLE AND CARE

Please answer the questions below specific to your enquiry about fostering. Please circle/delete answers or answer questions in the space provided

What age group of children/young people do you wish to care for?	Age 0-5, Age 6-11, Age 12-18, All Ages
Which gender of children/young people do you wish to care for?	Male / Female / Both / Depends on age
What type of care do you wish to provide?	Short Term / Long Term / Respite Care / Emergency Placements / Remand Placements / Any
Would you consider caring for a family of children?	Yes/No If yes please state maximum number
Would you consider caring for children with any of the following disabilities?	Physical Disability / Learning Disability / Sensory Disability/None of these.
Would you consider fostering a non Muslim child, if the child was of the same ethnic origin as you?	Yes/No If yes, please specify age group & gender.

4.2 ABOUT YOU AND FOSTERING

Please answer the questions below regarding you and your application for fostering. Please specify which enquirer is being referred to.

Where did you learn of Foster Care Link and its services?	
Are you, or have you ever been, a registered foster carer with any Local Authority or with any Independent Fostering Agency?	Yes / No Details:
Are you or have you ever been a registered childminder?	Yes/No Details:
Why do you wish to foster children and/or young people?	

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Before foster placements can be offered to you, you will need to undergo a detailed assessment, and will need to attend a number of short courses. Are you willing to do this?	
If you work, are you willing to reduce your working hours to provide appropriate care to children placed with you?	

4.3 CRIMINAL CAUTIONS AND CONVICTIONS

If either of the enquirers has ever received a caution or a criminal conviction please provide details below. You should be aware that we are also required by law to make a criminal convictions check on all adult members of your household, before you can be registered as a foster carer. In addition we will also carryout a criminal records check on any adult who is a very regular visitor to your home and who is likely to have contact with any foster child.

	FIRST ENQUIRER	SECOND ENQUIRER
DATE(S) OF OFFENCE(S)		
CONVICTION / CAUTION DETAILS		

Please do the same for other members of your household, continuing on the back of this page if necessary.

FULL NAME		
DATE(S) OF OFFENCE(S)		
CONVICTION / CAUTION DETAILS		

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PART 5 – DECLARATION & CONSENT

Thank you very much for taking the time and effort to complete this form. We will provide you with an update on your enquiry as soon as possible. Please now sign the declaration below, and send this form to Foster Care Link.

I/We declare that to the best of my/our knowledge all information provided within this form is correct. I/We further give full permission to Foster Care Link to make relevant enquiries and checks with any agency/authority to verify the information provided in relation to this enquiry to become a foster carer. I/We understand that Foster Care link will use the information provided to decide whether or not to accept a formal application from me/us.

<u>FIRST ENQUIRER</u>	<u>SECOND ENQUIRER</u>
SIGNATURE:	SIGNATURE:
PRINTED NAME:	PRINTED NAME:
DATE:	DATE:

FAX TO NUMBER: 020 7923 1754

**POST TO: FOSTER CARE LINK
159B STOKE NEWINGTON HIGH STREET
LONDON N16 0NY**

If you have any queries please telephone 020 7923 0330 or,

e-mail: admin@fostercarelink.com