**APPLICATION FORM**

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| 1. APPLICANTS | **1st Applicant** | **2nd Applicant** |
| Forename(s): |  |  |
| Surname: |  |  |
| Previous surnames (*if applicable)*: |  |  |
| Date of Birth: |  |  |
| Gender: |  |  |
| Ethnic Origin: |  |  |
| Religion (*if any)*: |  |  |
| Nationality/Citizenship:* Nationality at Birth
* Date Naturalised as British Citizen or
* Current Details of ‘Leave to Stay’
 |  |  |
| National Insurance Number: |  |  |
| Address: |  |  |
| Post Code: |  |  |
| Telephone Numbers: HomeMobileWork(if acceptable to contact you there) |  |  |
| E-mail address: |  |  |
|  | **1st Applicant** | **2nd Applicant** |
| Languages spoken: (including English) |  |  |
| Date of Marriage/ Length of Relationship: (if applicable) |  |  |
| Date of Decree Absolute: (if applicable) |  |  |
| Do you have any children from previous relationship? If so where / with whom are they living? What are the contact / legal arrangements? |  |  |

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| **2. PREVIOUS ADDRESSES – 1st Applicant (from age of 16)** |
| Address (including postcode) | **Dates From/To** |
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*Please continue on a separate piece of paper if required.*

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| **2. PREVIOUS ADDRESSES – 2nd Applicant (from age of 16)** |
| Address (including postcode) | **Dates From/To** |
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*Please continue on a separate piece of paper if required.*

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| **3. SIGNIFICANT PERIODS SPENT ABROAD – 1st Applicant** |
| **Country** | **Reason** | **Dates From/To** |
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| **3. SIGNIFICANT PERIODS SPENT ABROAD – 2nd Applicant** |
| **Country** | **Reason** | **Dates From/To** |
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| **4. LANDLORDS NAME AND ADDRESS** |
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| **5. EMPLOYMENT REFERENCE** |
| **Please provide the following details of your current or most recent employer.** **Are you related to your employer? YES / NO** **If so, what is the relationship? …………………………………………………………………..** |
|  | **1st Applicant** | **2nd Applicant** |
| Occupation / Job Title |  |  |
| Name of Line Manager providing Reference |  |  |
| Company Name  |  |  |
| AddressPost Code |  |  |
| Telephone |  |  |
| Referee Email |  |  |
| Does this entail working with children or vulnerable adults? |  |  |
| Start Date |  |  |
| End Date (if applicable) |  |  |
| If Self Employed, please provide a Referee (Name & Address) |  |  |

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| **5. PREVIOUS EMPLOYMENT / TRAINING / EDUCATION / VOLUNTARY WORK****- 1st Applicant**  |
| Please state in chronological order, the names and addresses of all your employers and voluntary organisations you have been involved with, the position you held and the dates you were there (since leaving school.) Please note that if there are any breaks due to unemployment, training/education, raising a family or for another reason you should include those details. Include employment and voluntary work abroad as an adult if applicable. |
| **Name & Address of Employer / Organisation** | **Paid or Voluntary?** | **Position Held & Reason for Leaving** | **Dates From/To** | **Did this entail working with children or vulnerable adults?** |
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*Please continue on a separate piece of paper if required.*

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| **5. PREVIOUS EMPLOYMENT / TRAINING / EDUCATION / VOLUNTARY WORK****- 2nd Applicant**  |
| Please state in chronological order, the names and addresses of all your employers and voluntary organisations you have been involved with, the position you held and the dates you were there (since leaving school.) Please note that if there are any breaks due to unemployment, training/education, raising a family or for another reason you should include those details. Include employment and voluntary work abroad as an adult if applicable. |
| **Name & Address of Employer / Organisation** | **Paid or Voluntary?** | **Position Held & Reason for Leaving** | **Dates From/To** | **Did this entail working with children or vulnerable adults?** |
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*Please continue on a separate piece of paper if required.*

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| **6. YOUR FAMILY DOCTOR** | **1st Applicant**  | **2nd Applicant** |
| Name of doctor (if known) |  |  |
| Surgery name |  |  |
| Address  |  |  |
| Postcode |  |  |
| Telephone Number |  |  |
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| 7. YOUR HEALTH | **1st Applicant**  | **2nd Applicant** |
| Do you suffer from any kind of physical or emotional condition? Or have you in the past?*If yes, please give details* |  |  |
| Please provide details of any prescribed medication you take. |  |  |

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| **8. EX-PARTNER REFERENCE** | **1st Applicant**  | **2nd Applicant** |
| Name  |  |  |
| AddressPostcode |  |  |
| Telephone Number |  |  |
| Email address |  |  |
| Period of relationship (Dates From/To) |  |  |
| Do you have children together? |  |  |
| How would you describe your relationship now? |  |  |
| How frequent is contact – when did you last have contact? |  |  |
| Does this person know about your interest in fostering? |  |  |

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| Name  |  |  |
| AddressPostcode |  |  |
| Telephone Number |  |  |
| Email address |  |  |
| Period of relationship (Dates From/To) |  |  |
| Do you have children together? |  |  |
| How would you describe your relationship now? |  |  |
| How frequent is contact – when did you last have contact? |  |  |
| Does this person know about your interest in fostering? |  |  |
| *Please continue on a separate piece of paper if required.* |
| **9. PERSONAL REFEREES** |
| **Please select one family member (not birth child) and two friends who will be written to and interviewed about your application to foster. Please ensure that you select friends who have known you for over 2 years and who are ideally quite local to you. If a couple is applying, please ensure that the friends and family member know you as a couple. Please avoid nominating anyone under the age of 21.** |
| **Personal Referee 1** | **Personal Referee 2** |
| Name:  | Name:  |
| Address: Post Code: | Address: Post Code: |
| Tel No:  | Tel No:  |
| Email Address:  | Email Address:  |
| Relationship to you:  | Relationship to you:  |
| Period of time known:  | Period of time known:  |
| Frequency of contact:  | Frequency of contact: |
| Last contact: | Last contact: |
|  |
| **Family Reference** |
| Name:  |
| Address: Post Code |
| Tel No:  |
| Email Address:  |
| Relationship to you:  |
| Period of time know:  |
| Frequency of contact:  |
| Last contact: |
| **10. 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.***Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2003 (as amended)* |
| **Have you ever been convicted of a criminal offence, cautioned or bound over by any court?***If Yes, please provide details – include nature of offence, date, where it occurred, court/police authority and sentence* |
| **1st Applicant** | **2nd Applicant** |
|  |  |
| **Do you have any past and / or present driving convictions e.g. SP30, penalty points?***If Yes, please provide details – include nature of offence, date, where it occurred, court/police authority and sentence* |
| **1st Applicant** | **2nd Applicant** |
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| **Are you a current member of the PVG Scheme?***If Yes, is this for Children / Protected Adults / or both?* *Please provide your PVG Membership No.* |
| **1st Applicant** | **2nd Applicant** |
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| 11. YOUR CHILD CARE HISTORY |
|  | **1st Applicant**  | **2nd Applicant** |
| Have you previously acted as, or applied to be, a foster carer, an adoptive parent, a kinship carer or a childminder? *If Yes, please give details of dates, the agency (ies) involved and the outcome of any applications* |  |  |
| Have you previously been prohibited from becoming a foster carer / adopter / childminder / kinship carer / or child care worker or been disqualified from privately fostering children?*If Yes, please give details* |  |  |
| Have children in your care ever been removed from you by court order, or through placement disruption?*If Yes, please give details*  |  |  |
| During your fostering career, how many children in your care have you asked to be removed?*If Yes, please give details*  |  |  |
| Has any child of your family, including a child for whom you have assumed responsibility as a relative; as a step-parent; or by virtue of a Residence Order ever been the subject of: a child protection investigation;a child protection order;care or supervision proceedings;a child assessment order;taken into police protection;provided with accommodation by the Local Authority;had their name placed on a child protection register? *If yes please give details* |  |  |
| 12. CHILDREN OF THE HOUSEHOLD |
| SCHOOL REFERENCE *(If you have a child of school age, residing with you or elsewhere)*Name of Child and year group / class: Child’s D.O.B.: Name & Address of School: Head Teacher:  |
| SCHOOL REFERENCE *(If you have a child of school age, residing with you or elsewhere)*Name of Child and year group / class: Child’s D.O.B.: Name & Address of School: Head Teacher:  |
| HEALTH VISITOR REFERENCE *(If you have a child under 5, residing with you or elsewhere)*Name of Child:Child’s D.O.B.:Name & Address of Health Visitor:  |
| *Please continue on a separate piece of paper if required.* |
| **13. OTHER ADULT MEMBERS OF THE HOUSEHOLD****(Adult children, other adults, lodgers and occupants including sub- tenants)***Disclosure Scotland checks will be required.*  |
| Name:  | Relationship:  |
| DoB:  | Gender:  | Occupation:  |
| Name:  | Relationship:  |
| DoB:  | Gender:  | Occupation:  |
| *Please continue on a separate piece of paper if required.* |
| 14. ADULT CHILDREN LIVING AWAY FROM HOME |
| Name:  | Relationship:  |
| Address: | Frequency of visits: |
| DoB:  | Gender:  | Occupation:  |
| Name:  | Relationship: |
| Address: | Frequency of visits: |
| DoB:  | Gender:  | Occupation:  |
| Name:  | Relationship:  |
| Address: | Frequency of visits: |
| DoB:  | Gender:  | Occupation:  |

*Please continue on a separate piece of paper if required*

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| 15. HOUSEHOLD PETS |
| Name(s) and breed(s) of animals(s):  |
| VETERINARY DETAILS *(for Dogs only):* Name of Vet: Address of Vet:Tel No.: Email Address:  |

**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 Foster Care Associates, nor that the assessment required will necessarily be completed; but I understand that any decision by Foster Care Associates to discontinue assessment, or refuse approval upon completion of assessment, will be provided to me with reasons.**

I confirm that I have made an application to Foster Care Associates Limited to be considered and assessed as a foster carer.

**FORM OF AUTHORITY**

I acknowledge that I have received a Privacy Notice from Foster Care Associates Limited in which it is explained that as part of the assessment process, certain checks and enquiries may be undertaken with various individuals or organisations. This includes the following sources:

* My family members and individuals associated with my household.
* My current and previous partner(s), current and former employer(s), voluntary agency, landlord, local authority/trust and my child’s school/nursery where applicable.
* My doctor, hospital and/or other relevant health professional.
* My named referees.
* Any fostering provider to whom I have previously applied, or fostered for, and/or any individual or authority in connection with any previous private fostering arrangement which I have been involved with.
* Any adoption agency to whom I have previously applied or adopted for, and/or any individual or authority in connection with any previous private adoption arrangement which I have been involved with.
* Any local authority/trust, other public body or voluntary agency who may hold information pertinent to my prior involvement in child minding or day/play care provision for children, work in any children’s residential care setting, or work or other activities in connection with services to vulnerable adults or children.
* Information from the other applicant (if this involves a joint application).
* Disclosure & Barring Service/Disclosure Scotland/Access NI in respect of criminal convictions, with or without the use of an intermediary external government-accredited agency.
* Other parties such as an independent assessor, regulator and a recruitment agency (where applicable).
* Publicly accessible sources such as through internet and social media checks.
* Other checks and enquiries which may be relevant, depending on the circumstances.

I also acknowledge that the relevant basis for undertaking such checks and enquiries has been outlined in the Privacy Notice which I have received from Foster Care Associates Limited.

**1st Applicant**

Name ………………………………………………………..

Signature …………………………………………………..

Date …………………………………………………………..

**2nd Applicant**

Name ………………………………………………………..

Signature …………………………………………………..

Date …………………………………………………………..

Please return to: Foster Care Associates

Pavilion 3, Gateway Office Park, 7 Cambuslang Way, Glasgow G32 8ND.