|  | Applicant 1 | Applicant 2 |
| --- | --- | --- |
| Family name  |   |   |
| Forenames |   |   |
| Previous name(s) |   |   |
| Other “known by” names |   |  |
| Gender |   |   |
| Date of birth |   |   |
| Age |   |   |
| Place of birth |   |   |
| Nationality |   |   |
| Ethnicity |   |   |
| Religion or faith group |   |   |
| Practising or non-practising |   |   |
| Primary language in the home |   |   |
| Other language(s) spoken in the home |   |   |
| Are you registered disabled? |   |   |
| Date of Marriage |  |   |
| Occupation |   |   |
| Email address |   |   |
| Telephone number |   |   |
| Mobile number |   |   |

Current Address

| Address  |   |
| --- | --- |
| Length of time at this address |   |
| Name of home local authority |   |

**Previous addresses (within last 10 years)**

| Address  |   |
| --- | --- |
| Length of time at this address |   |
| Name of home local authority |   |

| Address  |   |
| --- | --- |
| Length of time at this address |   |
| Name of home local authority |   |

| Address  |   |
| --- | --- |
| Length of time at this address |   |
| Name of home local authority |   |

| Address  |   |
| --- | --- |
| Length of time at this address |   |
| Name of home local authority |   |

| Address  |   |
| --- | --- |
| Length of time at this address |   |
| Name of home local authority |   |

Household accommodation

| Briefly describe the home including the number of bedrooms, and proposed sleeping arrangements |
| --- |
|   |

Health

|  | Applicant 1 | Applicant 2 |
| --- | --- | --- |
| Name of General Practitioner  |   |   |
| Address of GP practice |   |   |
| Telephone number |   |   |
| Email of GP practice |  |  |

Employment or occupation

|  | Applicant 1 | Applicant 2 |
| --- | --- | --- |
| Current employment or occupation (if any) |   |   |
| Name of current employer/organisation |   |   |
| Address of current employer/organisation |   |   |
| Email of current employer/organisation  |  |  |
| Current hours of work |   |   |
| Any planned changes to hours of work |   |   |
| Length of time with this employer |   |   |

Children under 18 living in the household

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Family name | Forename/s | Sex  | Date of birth | Age | Relationship to applicant(s)  |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |

Adults living in the household

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Family name | Forename/s | Sex  | Date of birth | Age | Relationship to applicant(s)  |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |

Children (under 18) from a current or previous partnership living elsewhere

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Family name | Forename/s | Sex  | Date of birth | Age | Relationship to applicant(s)  |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |

Adult children living elsewhere

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Family name | Forename/s | Sex  | Date of birth | Age | Relationship to applicant(s)  |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |

Court proceedings

|  |  |
| --- | --- |
| Have you been involved in any family court proceedings or in any proceedings about children and/or family? |   |
| If yes, give details including the date, name of court, type of order made, and the names of the children concerned |
|   |

Applications to foster, adopt or child-mind

| Have you previously applied to become a foster carer, adopter, or child-minder? |   |
| --- | --- |
| If yes, give details of the date, name and address of the agency/service, type of application and outcome |
|   |

| Has any member of your household previously applied to become a foster carer, adopter, or child-minder? |   |
| --- | --- |
| If yes, give details of the date, name and address of the agency/service, type of application and outcome |
|   |

| Have you been an approved foster carer in the preceding 12 months? |   |
| --- | --- |
| If yes, give the name and address of the fostering service |
|   |

Personal references

|  | Referee 1 (Friend) |
| --- | --- |
| Name |   |
| Address |   |
| Relationship to you |   |
| Number of years known |   |
| Telephone number |   |
| Email |  |

|  | Referee 2 (Friend) |
| --- | --- |
| Name |   |
| Address |   |
| Relationship to you |   |
| Number of years known |   |
| Telephone number |   |
| Email |  |

|  | Referee 3 (Family member e.g., parent or siblings) |
| --- | --- |
| Name |   |
| Address |   |
| Relationship to you |   |
| Number of years known |   |
| Telephone number |   |
| Email |  |

**Social media**

| Sites used (e.g., Facebook, Twitter, Instagram, SnapChat, TikTok) | Username / handle (e.g., John Doe2017) |
| --- | --- |
| Instagram/ Twitter  |   |
| LinkedIn  |   |
|   |   |

**Enquiries to other agencies (as applicable)**

|  | Name & Contact Person | Address | Telephone number & E-mail |
| --- | --- | --- | --- |
| Health Visitor  |   |   |   |
| School |   |   |   |
| Education Department |   |   |   |
| Children’s Services Department |   |   |   |
| Housing Officer/Landlord |   |   |   |
| Other |   |   |   |
| Other |   |   |   |

**Please use the space below for any additional information**

|  |
| --- |
|   |

| Applicant(s) declaration |
| --- |
| * I/we undertake to be truthful and honest in providing full and accurate information for this assessment, both verbally and in writing. I/we understand that the fostering service may seek verification of any information that I/we have supplied or will supply, and that if any of this information is found to be false or misleading, this may result in the fostering service deciding not to proceed with my/our application.
* I/we understand that any information supplied by me/us in respect of this application 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 statutes. I/we understand that any information supplied will form part of the fostering services case record held in respect of this application to foster.
 |

| Applicant(s) consent |
| --- |
| * I/we give consent to the fostering service undertaking a check with the Disclosure and Barring Service and agree to complete the appropriate forms to progress this.
* I/we give consent to the fostering service contacting my/our home local authority and any previous local authority areas to undertake a check regarding my/our suitability to foster.
* I/we give consent to the fostering service requesting a written report about my/our health from my/our GP and I/we agree to arrange and take part in a medical examination with that GP as part of the process. I/we understand that further enquiries may be required and that I/we may be asked to give specific consent to obtain further health information.
* I/we give consent to the fostering service seeking written and verbal references from personal referees where I/we have provided their details in my/our application form.
* I/we give consent to the fostering service seeking written and verbal references from other Agencies to undertake checks where I/we have provided their details in my/our application form.
* I/we give consent to the fostering service to undertake Social Media checks in relation to what is publically available on the internet about myself/ourselves and members of my/our household.
 |

|  |  |
| --- | --- |
| Name (Applicant 1) |   |
| Signature (Applicant 1) |  |
| Date |   |
| Name (Applicant 2) |   |
| Signature (Applicant 2) |  |
| Date |   |

**Consent is also required from household members over the age of 16 years**

|  |  |
| --- | --- |
| Name |   |
| Signature |  |
| Date |   |
| Relationship to Applicant |   |

|  |  |
| --- | --- |
| Name |   |
| Signature |  |
| Date |   |
| Relationship to Applicant |   |

|  |  |
| --- | --- |
| Name |   |
| Signature |  |
| Date |   |
| Relationship to Applicant |   |

Please return completed form to:

Your Assessing Social Worker (preferred option)

Or

E-mail: Fostering@towerhamlets.gov.uk

Or

London Borough of Tower Hamlets

Fostering Recruitment & Assessment Team

Tower Hamlets Town Hall,

1st Floor,

160 Whitechapel Road,

London,

E1 1BJ

Tel: 020 7364 1246