

**CONFIDENTIAL**

**PRIVATE FOSTERING**

**Application Form**

**Child/ren subject to Private Fostering Arrangement**

|  |  |  |
| --- | --- | --- |
| Name | DOB | Home Address |
|  |  |  |
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**Details of person placing their child with you in a Private Fostering Arrangement**

|  |  |  |
| --- | --- | --- |
| Name | DOB | Home Address |
|  |  |  |
|  |  |  |

YOUR PERSONAL DETAILS

**Applicant 1**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Surname |  |
| Previous Names |  | DOB |  |
| Current Address |  | Previous Address (covering 5 years) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Number |  | E-mail Address |  |
| Occupation |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Place of Birth | Nationality | Religion | Ethnic Origin |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| GP Surgery Name |  | GP Surgery Address |  |
| Do you have any health conditions?  | YES / NO(delete as appropriate) | If yes, please detail |

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| --- | --- |
| Relationship Status(mark as appropriate) | Married / Separated / Divorced / Widowed / Single / In a Relationship / Living with Partner  |
| If in a relationship or living with Partner, please state length of relationship |  |

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| --- | --- |
| Are there any commitments in respect of a former partner and/or children from a previous marriage?  | YES / NO(delete as appropriate) |
| if yes, please detail |

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| **Details of your children** |
| Name | DOB | Relationship(delete as appropriate) | Date Order (if applicable) | Living with you(delete as appropriate)  |
|  |  | Own / Step / Adopt / Foster |  | YES / NO |
|  |  | Own / Step / Adopt / Foster |  | YES / NO |
|  |  | Own / Step / Adopt / Foster |  | YES / NO |
|  |  | Own / Step / Adopt / Foster |  | YES / NO |
|  |  | Own / Step / Adopt / Foster |  | YES / NO |
|  |  | Own / Step / Adopt / Foster |  | YES / NO |

|  |  |
| --- | --- |
| Has there been previous Children’s Social Care involvement with your own children?  | YES / NO(delete as appropriate) |
| if yes, please detail, including Local Authority |

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| --- | --- |
| Have you ever applied to another Local Authority to adopt, foster of childmind?  | YES / NO(delete as appropriate) |
| if yes, please detail, including Local Authority, date of application and result |

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| --- | --- | --- |
| **Have you ever** | **YES / NO****(delete as appropriate)** | **If yes, please state date and circumstances** |
| Been convicted of any criminal offences involving a child? | YES / NO |  |
| Had a child removed from your care by the order of any Court or Local Authority | YES / NO |  |
| Had registration under Part X of the Children Act 1989 refused or cancelled (childminding)? | YES / NO |  |
| Had your rights and duties with respect to any child vested in a Local Authority? | YES / NO |  |
| Had a prohibition imposed on you at any time? | YES / NO |  |
| Been disqualified from acting as a Foster Parent? | YES / NO |  |

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| **Please provide details of two people from whom references may be obtained.** These should be people who know you personally as a family, not your doctor or bank manager. We will be writing to them in the first instance, but as your application proceeds we may also need to interview them by appointment. |
| Name |  | Name |  |
| Address |  | Address |  |
| Contact No. |  | Contact No. |  |
| E-mail  |  | E-mail  |  |

**Applicant 2**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Surname |  |
| Previous Names |  | DOB |  |
| Current Address (if different to applicant 1) |  | Previous Address (if different to applicant 1) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Number |  | E-mail Address |  |
| Occupation |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Place of Birth | Nationality | Religion | Ethnic Origin |
|  |  |  |  |

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| --- | --- | --- | --- |
| GP Surgery Name |  | GP Surgery Address |  |
| Do you have any health conditions?  | YES / NO(delete as appropriate) | If yes, please detail |

|  |  |
| --- | --- |
| Relationship Status(mark as appropriate) | Married / Separated / Divorced / Widowed / Single / In a Relationship / Living with Partner  |
| If in a relationship or living with Partner, please state length of relationship |  |

|  |  |
| --- | --- |
| Are there any commitments in respect of a former partner and/or children from a previous marriage?  | YES / NO(delete as appropriate) |
| if yes, please detail |

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| **Details of your children -** (if different to applicant 1) |
| Name | DOB | Relationship(delete as appropriate) | Date Order (if applicable) | Living with you(delete as appropriate)  |
|  |  | Own / Step / Adopt / Foster |  | YES / NO |
|  |  | Own / Step / Adopt / Foster |  | YES / NO |
|  |  | Own / Step / Adopt / Foster |  | YES / NO |
|  |  | Own / Step / Adopt / Foster |  | YES / NO |
|  |  | Own / Step / Adopt / Foster |  | YES / NO |
|  |  | Own / Step / Adopt / Foster |  | YES / NO |

|  |  |
| --- | --- |
| Has there been previous Children’s Social Care involvement with your own children? (if different to applicant 1) | YES / NO(delete as appropriate) |
| if yes, please detail, including Local Authority |

|  |  |
| --- | --- |
| Have you ever applied to another Local Authority to adopt, foster of childmind?  | YES / NO(delete as appropriate) |
| if yes, please detail, including Local Authority, date of application and result |

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| --- | --- | --- |
| **Have you ever** | **YES / NO****(delete as appropriate)** | **If yes, please state date and circumstances** |
| Been convicted of any criminal offences involving a child? | YES / NO |  |
| Had a child removed from your care by the order of any Court or Local Authority | YES / NO |  |
| Had registration under Part X of the Children Act 1989 refused or cancelled (childminding)? | YES / NO |  |
| Had your rights and duties with respect to any child vested in a Local Authority? | YES / NO |  |
| Had a prohibition imposed on you at any time? | YES / NO |  |
| Been disqualified from acting as a Foster Parent? | YES / NO |  |

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| --- |
| **Please provide details of two people from whom references may be obtained.** These should be people who know you personally as a family, not your doctor or bank manager. We will be writing to them in the first instance, but as your application proceeds we may also need to interview them by appointment. |
| Name |  | Name |  |
| Address |  | Address |  |
| Contact No. |  | Contact No. |  |
| E-mail  |  | E-mail  |  |

OTHER INFORMATION

|  |
| --- |
| **Significant Adults** (living within the household or regularly visiting)  |
| Name | DOB | Address | Relation to Applicant |
|  |  |  |  |
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***Please note, we will eventually seek consent from these adults for Police Checks to be undertaken***

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| --- | --- |
| Has anyone within your household ever been convicted of a Criminal Offence?  | YES / NO(delete as appropriate) |
| if yes, please detail |

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| --- |
| **Accommodation Information** |
| Is your property rented, mortgaged or owned? |  |
| How long have you lived in your current property? |  |
| Number of living rooms |  |
| Number of bedrooms |  |
| What are the sleeping arrangements for the child being Privately Fostered? |
|  |

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| --- |
| **Please outline your reason for wishing to Privately Foster and any other comments** |
|  |

**Declaration**

1. I/we agree to the Local Authority arranging for Police records to be checked for previous convictions and for Reference Checks being undertaken and understand this information is given in confidence.
2. I/we agree to the Local Authority undertaking checks on their Children’s Services Information System and the Childminding database in relation to Private Foster Carer approval and understand this information is given in confidence.
3. I/we hereby give my/our consent for any relevant information regarding myself/ourselves to be disclosed to Bradford Children’s Social Care in relation to Private Foster Carer approval.
4. I/we have received Bradford Children’s Social Care’s Private Fostering Guidance for Parents and Carers

**Signatures**

Applicant 1 ………………………………………………… Date …………………………………

Applicant 2 ………………………………………………… Date …………………………………

**Please return this form by any of the following methods**

* Via you Social Worker
* By post or hand deliver to Children’s Social Care at any of the below offices
	+ Sir Henry Mitchel House, 4 Manchester Road, Bradford, BD5 0QL
	+ Keighley Town Hall, Bow Street, Keighley, BD21 3PA
	+ Farcliffe Family Centre, 56 Toller Lane, Bradford, BD8 8HQ
* By secure e-mail to childrens.enquiries@bradford.gov.uk

**IMPORTANT INFORMATION**

1 Before sending back, please check and ensure you have answered all the questions as far as is possible.

2 You must inform Children’s Social Care immediately in writing if

* Any of the applicants change their address
* Any foster child moves into or out of your home
* If any person over 16 years of age moves in or out of your home
* If any foster child was to die whilst in your care

3 Please do not hesitate to ask your Social Worker if there is anything you are unclear of; you may wish to also consider taking legal advice if you feel this may be helpful or if you disagree with any legal decision that is made by Children’s Social Care.

4 Please keep a copy of this document for your reference