

Form F (Prospective Foster Carer Report) England (2025)

Form F should only be used by registered social workers who have read, understood and are familiar with the accompanying 'Guidance notes and additional resources' document.

Front sheet

Name of applicant/s	
Fostering service reference number	
Social worker's recommendation	
Name of fostering service	
Address	
Name of social worker	
Email	
Telephone	
Name of team manager	
Email	
Telephone	
Date application accepted	
Date assessment completed	
Date assessment updated	

Section A: Part One

Applicant 1

Family name			
Previous name			
First name/s			
Other “known by” names			
Date of birth		Age	
Place of birth			

Applicant 2

Family name			
Previous name			
First name/s			
Other “known by” names			
Date of birth		Age	
Place of birth			

Home address

Address	
Length of time at this address	

Identity

	Applicant 1	Applicant 2
Gender (self-defined)		
Sexual orientation		
Ethnicity		
Ethnic heritage		

Linguistic heritage and language/s spoken at home		
Religion – practising/non practising/lived/official		
Disability or neurodiversity		
Nationality (and immigration status if appropriate)		

Partnership or relationship status

Analyse the impact of this on fostering in Section B Part One, Q2.

	Applicant 1	Applicant 2
Is the applicant married, in a civil partnership or living with a partner?		
If the applicant does not live with their partner, do they consistently spend significant time in the other person's home and vice versa?		
What is the family relationship between applicants, if applicable?		
Specify relationship length (months/years)		

Children under 18 living in the household

Family name	First name/s	Gender	Date of birth	Age	Relationship to applicant/s

Other adults living in the household

Including adult children living between the foster home and elsewhere, e.g. at university but returning home for the holidays.

Family name	First name/s	Gender	Date of birth	Age	Relationship to applicant/s

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

Family name	First name/s	Gender	Date of birth	Age	Relationship to applicant/s

Adult children living elsewhere

Family name	First name/s	Gender	Date of birth	Age	Relationship to applicant/s

Applications or assessments to be a foster carer, kinship carer, adopter or child-minder

Has the applicant previously applied or been assessed to become a foster carer, kinship carer, adopter or child-minder?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give details of the date, name and address of the agency/service, type of application and outcome.	
Has any member of the household previously applied or been assessed to become a foster carer, kinship carer, adopter or child-minder?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give details of the date, name and address of the agency/service, type of application and outcome.	
Has the applicant previously been an approved foster carer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give the name and address of the fostering service, the date a reference was requested, the date any reference was received, and any further relevant details.	
Provide reasons for termination of approval, or information on why the applicant is no longer approved by	

their previous fostering service, including transfers.

Section A: Checks

Enhanced DBS checks (applicants and adult household members)

Name	Date check completed	Date assessor seen certificate
Give details of any information arising from enhanced DBS checks.		
Outline any other disclosures from applicants, including driving-related incidents (e.g. convictions, points, bans). Give details of information shared.		

Health

Applicant 1

Name of applicant	
Name of General Practitioner	
Name of GP practice or independent practice	
Date of GP medical report	
Name of fostering service medical adviser	
Medical adviser/medical professional summary. (Include implications for fostering. What can be done to support the applicant?)	

Applicant 2

Name of applicant	
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Name of General Practitioner	
Name of GP practice or independent practice	
Date of GP medical report	
Name of fostering service medical adviser	
Medical adviser/medical professional summary. (Include implications for fostering. What can be done to support the applicant?)	

Home local authority check

Name of home local authority	
Date of residence in this local authority	
Name of referee and role	
Date check completed	
Give details of any information raised and how this has been addressed	

Previous local authority checks – for the past 10 years

If the applicant has raised children, check all relevant local authorities lived in.

Name of local authority	Dates resident in this local authority	Date check completed	Name of local authority contact and role
Give details of any information raised and how this has been addressed			

Household accommodation

Describe the home, including the number of bedrooms, proposed sleeping arrangements, play areas and outdoor space	
Describe access to key local services (e.g. swimming pool, library or park) and public transport options	
Weekly schedule or planning grid completed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Discussion had with applicant about family holidays and celebrations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of home safety assessment	
Provide details of any outstanding home safety issues and plan for resolving	

Former significant partners

See analysis in Section B Part One, Q8.

Applicant 1

Name of former partner	Status and length of relationship	Date partner contacted/spoken to
If the applicant is divorced or separated from a civil partner, give date		
Is the applicant currently co-parenting with a former partner?		

Has the applicant previously co-parented with a former partner?	
Has the applicant lived with any former partners?	
Significant relationships – information should be provided where the applicant has separated, divorced or dissolved a civil partnership, or where they have lived with a previous partner	
Give details of any unsuccessful attempts made to contact ex-partners, or reasons for contact attempts not being made. Give details of alternative confirmation received.	

Applicant 2

Name of former partner	Status and length of relationship	Date partner contacted/spoken to
If the applicant is divorced or separated from a civil partner, give date		
Is the applicant currently co-parenting with a former partner?		
Has the applicant previously co-parented with a former partner?		
Has the applicant lived with any former partners?		
Significant relationships – information should be provided where the applicant has separated, divorced or dissolved a civil partnership, or where they have lived with a previous partner		

Give details of any unsuccessful attempts made to contact ex-partners, or reasons for contact attempts not being made. Give details of alternative confirmation received.

Section A: References

Personal references

Applicant 1

Minimum of two references per applicant needed, including at least one non-family member for each.

	Name	Address	Relationship to applicants/s	Number of years known	Date interviewed
Referee One					
Referee Two					
Referee Three					
Referee Four					

Applicant 2

Minimum of two references per applicant needed, including at least one non-family member for each.

	Name	Address	Relationship to applicants/s	Number of years known	Date interviewed
Referee One					
Referee Two					
Referee Three					
Referee Four					

Date when all the Stage 1 information was received	
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Section A: Part One contains all the information required to complete Stage 1 of the fostering assessment. If a decision is made not to proceed to Stage 2, the fostering service may wish to use the CoramBAAF Stage 1 Decision Sheet (Fostering). This decision must be made within 10 days of receiving all the Stage 1 information.

Section A: Part Two

Verification of documents

	Applicant 1	Applicant 2
Date birth and/or adoption certificate seen		
Date passport or other certification of nationality seen		
Date driving licence seen (if applicable)		
National Insurance number and date seen		
If the applicants are married to each other or have registered a civil partnership, date certificate seen		

Court proceedings

Has the applicant been involved in any family court proceedings (including ongoing and pending) or in any proceedings about children and/or family?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give details, including the date, name of court, type of order made and the names of the children concerned	
Has the applicant been involved in any non-family related court proceedings (including ongoing and pending)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give details, including the date, name of court, type of order made and the names of the children concerned	

Current employment or volunteering

Explore this further in section B part One, Q11 and analyse the impact of this on fostering in the relevant analysis sections.

	Applicant 1	Applicant 2
Current employment or		

volunteering (if any)		
Name of current employer/organisation		
Current hours of work		
Any planned changes to hours of work		
Date reference was completed		
Give details of strengths highlighted, as well as any issues raised and how these have been addressed. Include applicant reflections on what they have learned from these experiences.		

Previous employment or volunteering involving children or vulnerable adults

Explore this further in section B part One, Q11 and analyse the impact of this on fostering in the relevant analysis sections.

Applicant 1

Name of employer or organisation	Dates employed	Date of any completed reference
Give details if any checks were not sought or not received. Give details of any information raised and how this has been addressed.		

Applicant 2

Name of employer or organisation	Dates employed	Date of any completed reference

Give details if any checks were not sought or not received. Give details of any information raised and how this has been addressed.

Household finance

Has a financial statement/assessment form been completed?

Yes ☐ No ☐

Provide details of the applicant's income and expenditure, including details of all debt.

Describe how this has been verified. (Analyse the impact of this on fostering in Section B Part One, Q14)

Pets and animals

Has a pet questionnaire or checklist been completed?

Yes ☐ No ☐

Provide brief details of any animals in the household, including species, number and age. Describe the relevance of the animals in relation to fostering.

Would the applicant be happy to look after a child who wants to bring their pet with them?

Yes ☐ No ☐

Any additional details to note?

Would the applicant be open to bringing a new pet into their home in the future?

Yes ☐ No ☐

Any additional details to note?

Social media and internet checks

Has a check been made of social media platforms and internet search engines?

Applicant 1		Applicant 2	
Social media	Yes <input type="checkbox"/> No <input type="checkbox"/>	Social media	Yes <input type="checkbox"/> No <input type="checkbox"/>
Search engines	Yes <input type="checkbox"/> No <input type="checkbox"/>	Search engines	Yes <input type="checkbox"/> No <input type="checkbox"/>

How will the applicant/s alter their social media activity once a child has been placed with them?

School, nursery and health visitor checks

Including children living in applicant's home and other children for whom the applicant is responsible.

Name of child	Name of school or nursery	Name of referee and role	Date check completed
Give details of any issues or information raised and how these have been addressed			

Other checks

For example, CAMHS and Ofsted.

Subject of check	Type of check	Date check completed
Give details of any issues or information raised and how these have been addressed		

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Section B: Part One

About the applicant/s

Applicants are not to write this section themselves. This section should be written in the third person. Direct quotes from the applicant/s can be included where appropriate. (See guidance for more details.)

This section is strengths-based; we will focus on where you are in your life now and what made you decide to foster. This section helps us to see what you are bringing to the role and where we can support you. Being honest about all your motivations, strengths, limitations and worries is valuable for us to be able to genuinely support you.

We need to know about you and your family. How do you celebrate achievements, successes, holidays, festivals and birthdays? What do you do to help yourself feel better when you have had a difficult time? How are visitors welcomed and accommodated in your home, and how would you help a child fit in with this? How would a child know your home is child friendly? What would you do to help a child fit into your family? How do you demonstrate empathy?

This section provides us with the information we need to see whether you have the suitability and capacity to be a foster carer at this point in your life.

1) Tell us about your motivations and reasons for applying now. What do you imagine the impact of fostering would be on your family? If you are a parent, tell us about that.

2) Tell us about yourself – in your own words, describe your strengths, passions, likes and hopes. Tell us about anything in life you find challenging, either now or in the past. Tell us about all elements of your own identity.

Analysis: 1 and 2 – consider the information above in relation to its impact on the applicant's ability to foster.

3) Tell us about your current relationship, or if not currently in a relationship, tell us about that.

4) Tell us about how you live – what goes on in a typical week for you? (Working patterns, meals, routines, how you relax, busy times and quieter times.)

5) Tell us about everyone living in your home, including those who live there intermittently, e.g. at university or working away from home.

Analysis: 3, 4 and 5 – Consider the information above in relation to its impact on the applicant's ability to foster.

6) Family history and childhood – describe your background, current family relationships and dynamics. (Refer to the applicant's completed genogram.)

7) Adult life experiences – describe important events in your adult life, including significant changes and losses. Tell us about how these experiences have helped you manage stress and develop resilience.

8) Tell us about your previous significant relationships.

9) Tell us about members of your family not living in your home, including children living elsewhere.

Analysis: 6, 7, 8 and 9 – Consider the information above in relation to its impact on the applicant's ability to foster.

10) Education – tell us about your experiences at school/college/university/vocational training.

11) Regular commitments and employment history – tell us about your paid and unpaid employment, volunteering and caring responsibilities, both current and previous. Expand on any roles relating to children and young people.

12) Social health – tell us about your social networks: neighbours, friends, community groups, extended family, faith-associated groups, interests, hobbies, or other connections.

13) Tell us about relevant training or fostering preparation activities you have completed and your further training and development needs.

Analysis: 10, 11, 12 and 13 – Consider the information above in relation to its impact on the applicant’s ability to foster.

14) Household finances – tell us about how you organise income and outgoings. For example, mortgage/rent, bills, holidays, savings and any repayments/debt. (See Section A Part Two, Household finance.)

Analysis: 14 – Consider the information above in relation to its impact on the applicant’s ability to foster.

Overall analysis – Consider all of the information above and summarise key strengths and key areas for further support/development.

Section B: Part Two - What does the child need?

The following statements are designed to understand how the applicant/s will provide trauma-informed care and therapeutic parenting.

This section provides an opportunity to explore and understand the things that any child you have the privilege to care for will need from you, your family, your networks and your home.

Identity and relationships

1. I need all aspects of my identity to be understood, respected and celebrated so that I can feel proud of who I am.
2. I need to have my memories respected, recognised and kept alive; to include family, friends, carers and those important to me.
3. I need you to support me to keep connected to past, present and future relationships and to be creative in how we do this.
4. I need to be able to see my brothers and sisters. I need to see my friends and other children who are important to me.
5. I need you to learn and respect my specific needs. The way I think, feel and do may not be the same as you, but it is who I am and it matters to me.
6. I need you to accept my family. They are part of my identity so, if you can, I need you to build positive relationships with them.
7. I need you to help me learn about my life story.

Analysis – Consider the information above in relation to its impact on the applicant's ability to foster.

Advocacy and empowerment

8. I need you to empower/help/support me to make my own voice heard. If I need you to, advocate on my behalf so that my voice is heard.
9. I need you to challenge discrimination and prejudice in any circumstances and to promote equality, diversity and inclusion.
10. If I have a disability, am neurodivergent or have additional needs, I need you to challenge or advocate on my behalf to ensure I get the support I need.
11. I need encouragement to reach my full potential.
12. I need you to work as part of a team to ensure my needs are met.

13. I need you to take an interest in what happens to me at school/college. I need you to work with staff to access support for me.
14. I might need support to access independent advocacy/specialist advice from a lawyer.
15. I need you to recognise the challenges I may face because I am not living with my family.

Analysis – Consider the information above in relation to its impact on the applicant's ability to foster.

Being part of a foster family

16. I need to feel safe in your home.
17. I need to be kept safe when you are caring for me, wherever we are.
18. I need to feel welcome in your home and for you to help me feel included and accepted.
19. I need to be treated as an individual and be offered the same opportunities and experiences as other children in the home.
20. I need you to help me feel accepted as part of your network of family and friends.
21. I need you to teach me life skills and help me become more independent.
22. I want to be able to attend activities outside of school like my friends do.
23. I need to play, have fun and experience joy.
24. I need to feel included in decisions about me, and where I live.
25. When I am the right age, I need help to safely connect online and access the internet.

Analysis – Consider the information above in relation to its impact on the applicant's ability to foster.

Strengthening and building resilience

26. I need support in all areas of my wellbeing.
27. I need you to understand and accept that I will need help to manage my emotions and behaviours.
28. I need you to notice and understand my strengths as well as my needs.

29. I want to keep and repair relationships. I might need extra help doing this.
30. I need you to regularly access training and attend support groups. I need you to learn, grow and develop to meet my changing needs.
31. I need you to respond to me with sensitivity, curiosity and acceptance.
32. If you choose to foster me long term, I need you to know that this means I will always be a part of your family and I will need your support throughout my life.
33. If you choose to foster me short term, I need you to support me with my transition to another home, saying goodbye and staying in touch.
34. I need you to access help from other foster carers and support networks, to look after yourself and take care of yourself.
35. I need you to support me with experiences and feelings of loss and bereavement.
36. I need you to support me with managing changes; I may need extra help doing this.

Analysis – Consider the information above in relation to its impact on the applicant's ability to foster.

Section C: Supporting information

References

Item	Attached	If yes, provide names	Applicant has seen references
Personal references	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Household member references	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Former partner references	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer references	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Previous employer references	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
School, nursery, health visitor references	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Other checks and materials

Item	Attached	Notes or comments
Family tree or genogram	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ecomap	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Chronology	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Weekly schedule/planning grid	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Home safety checklist	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Financial assessment form	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dog/pet checklist	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fostering Family Protective Care Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Child's Protective Care Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Foster Carer Plan in case of Allegation	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Preparation training record	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Second opinion visit	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Other information	Yes <input type="checkbox"/> No <input type="checkbox"/>	
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Section D: Specialist reports

Parent and child report	Yes <input type="checkbox"/> No <input type="checkbox"/>
Permanent fostering report	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other reports	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please specify	

Section E: Summary and recommendation

Timescales – when did the assessment start, how long did it take? Comment on any pauses in the assessment.

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Brief summary – this section draws on the information, evidence gathering, discussions, observations, hypothesising, analysis and the elements that have led you to reach your conclusion. Focus on both strengths and areas of development.

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Recommendation

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Matching considerations and areas to prioritise in a support plan

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Name of social worker completing the report	
Signature of social worker	
Date	
Name of team manager responsible for the report	
Signature of team manager	
Date	

The applicant/s observations on the report

Name of applicant/s	
I/We have received the report on the following date:	

I/We have read the report prepared on my/our suitability to foster (understanding that any confidential third party information in Section C may have been withheld). I/We certify that, to the best of our/my knowledge and belief, the factual information contained in this report is accurate and I/we have indicated in the box below any factual corrections that need to be made. I/We understand that if any of this information is found to be false or misleading, this may result in the fostering service rejecting my/our application. I/We understand that it is important not to withhold any information about factors that may influence our/my capacity to care for a child.

I/We have the following factual corrections/observations/additional comments on the report:

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The fostering service has given me/us their privacy notice that explains how my/our personal data will be kept and shared. I/We understand that any information supplied will form part of the fostering service's case record in respect of my/our application. I/We understand that this form is the property of the fostering service to which I/we have applied. I/We agree not to copy this document (other than for my/our own personal records) or disclose its contents in full or in part, to any other person, fostering service or authority without the fostering service's permission.

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Signature	
Date	

Signature	
Date	