

APPLICATION TO BECOME A FOSTER CARER

APPLICANT 1

APPLICANT 2 *(if a couple)*

Last name:

First name:

Middle name:

Previous names:

Date of birth:

Religion:

Aboriginal or Torres
Strait Islander:

Country of Birth:

Languages spoken:

Occupation:

Employed Hours Per
Week:

Phone:

Mobile:

Email:

Working with Children
Check Number:

APPLICANT 1

APPLICANT 2 *(if a couple)*

Current Address:

Address

MM/YY

Address

MM/YY

Previous Addresses
(for last 10 years)

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REFEREES

I/we provide the following names and addresses of two responsible people to act as referees for our application. These people:

- are in current contact with me/us
- have known me/us and my/our family for at least two years
- have observed me/us interacting with children on a regular basis
- are not directly related to me/us
- are willing to provide a reference if required.

REFEREE 1

REFEREE 2

Name:

Address:

Phone:

Mobile:

OTHER MEMBERS IN YOUR HOUSEHOLD

Please include any people who usually/regularly stay overnight.

FULL NAME	DATE OF BIRTH	ETHNICITY	RELATIONSHIP TO YOU	OCCUPATION	WWCC NUMBER

Do you have children residing away from home?

If yes, please detail name, age and location of child, and the reason why they are living elsewhere if under 18 years of age:

What previous experience do you have in caring for children?

Would you consider caring for an Aboriginal child or young person?
Understanding and being comfortable within Aboriginal culture and community activities is an important part of caring for an Aboriginal child or young person. Training is provided in such issues.

Yes No

Do you have a current driver's license?

Yes No

Do you have a motor vehicle which is comprehensively insured?

Yes No

Do you have any criminal convictions?

Yes No

If yes, please detail:

Have you had any involvement with NSW Department of Family and Community Service (FaCS) regarding allegations of abuse or neglect of any child while in your care?

If yes, please detail:

Have you had any involvement with Child Protection Services in any other state regarding any child/young person while in your care?

If yes, please detail:

Have you applied to be a foster carer with any other designated agency?

If yes, please detail:

CONDITIONS OF APPLICATION

I/we apply to be foster carer(s) for Creating Links.

Please mark each box to indicate you have read and agreed or provided any attachments requested.

I understand that I can withdraw the application at any stage. This will not prevent my re-application, but my reason(s) for withdrawal will be documented and discussed with me if I do re-apply.

I have signed and attached the necessary identification and agree to Creating Links conducting a Criminal History Record Check for myself and all household members over the age of 16 years.

I understand that a criminal record does not automatically bar me from being a foster carer, but the implication of any convictions on my suitability to be a foster carer will be discussed with me and will be taken into account in the assessment process.

I have attached the Working With Children Check number of each household member who is over 18 years of age or above.

I agree to take part in the process to assess foster carers for approval and I understand it will include interviews with any children or young people who are a part of my household.

I understand that I will need to complete a training course prior to being approved as a foster carer.

I understand that Creating Links Co-Operative Ltd will add my information on to the NSW Carer Register on a portal on the Children's Guardian Website. I understand that I can seek any information regarding information placed on the Carer Register at any time.

I understand that Creating Links Co-Operative Ltd will contact any other people or agencies who are able to provide relevant information regarding my suitability to provide foster care including the NSW Department of Family and Community Services.

I state that the information contained in this application, including all attachments, is correct to the best of my knowledge.

SIGNATURE AND CONSENT

APPLICANT 1

APPLICANT 2

Name:

Signed:

Date: