

Application Form



This Form is to be returned to:

Lorimer Foster Services

Lorimer House, 2A Carrington Lane

Sale, Manchester

M33 5ND

Application Form

Please complete this application form in full and where a section may not be relevant to you please indicate this with N/A (not applicable) as your answer. Thank you.

Please note: This application form is available in various different language transcripts, if this is required please contact a member of the Fostering Team on 08701 20 35 23 who will be able to assist you.

1st Applicant

Surname:	Forenames:
Previous name(s):	Date of birth:
Religion:	National Insurance No:
Nationality:	Languages spoken:
Occupation:	Contact No's: Home - Mobile -

2nd Applicant

Surname:	Forenames:
Previous name(s):	Date of birth:
Religion:	National Insurance No:
Nationality:	Languages spoken:
Occupation:	Contact No's: Home - Mobile -

Address:

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If you have been living at your present address for less than ten years please state previous addresses below providing dates of when you moved to and from ¹:

PREVIOUS ADDRESS	FROM	TO

Have any of the applicants lived or worked abroad?

YES NO

If the answer is yes please give brief details in the box below, including relevant dates

In which Local Authority area do you live?.....

Will the main applicant be available on a full time basis to undertake the role of a foster carer?

YES NO

If the answer is no, please outline briefly how you would intend to meet the needs of a young person in your care whilst maintaining your current employment i.e. can you work flexible hours, could you work on a part-time basis?

¹ If more than one please continue on the blank sheets attached at the back of the application form

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2. Partnership Status

1st Applicant

a) Are you married?

YES NO

If you are please detail the date, length and place of marriage:

b) Do you have a registered civil partnership?

YES NO

If you are please detail the date, length and place of civil partnership:

c) Do you live with a partner?

YES NO

If you do please detail the date on which you set up household together:

d) Are you separated or divorced?

YES NO

If you are, or have dissolved a civil partnership, give date and name of partner ²:

e) Have you previously set up a household with a partner? ³

YES NO

² If more than one please continue on the blank sheets attached at the back of the application form

³ Defined as 'living together in an enduring relationship'

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2nd Applicant

a) Are you married?

YES NO

If you are please detail the date, length and place of marriage:

b) Do you have a registered civil partnership?

YES NO

If you are please detail the date, length and place of civil partnership:

c) Do you live with a partner?

YES NO

If you do please detail the date on which you set up household together:

d) Are you separated or divorced?

YES NO

If you are, or have dissolved a civil partnership, give date and name of partner ⁴:

e) Have you previously set up a household with a partner? ⁵

YES NO

⁴ If more than one please continue on the blank sheets attached at the back of the application form

⁵ Defined as 'living together in an enduring relationship'

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3. Who else lives in your household?

Children (under 18)

Name	Gender	Date of birth	Age	Relationship to applicant(s)	School or Occupation

Adults (including grown-up children) living in the household

Name	Gender	Date of birth	Age	Relationship ⁶ to applicant(s)	Education / Employment

Do you have any children from your current or previous partnerships living elsewhere?

Name	Gender	Date of birth/death	Age	Relationship ⁷ to applicant(s)	Education / Employment

If you have parented a child that has died, their details should be recorded below

Name	Place of birth	Gender	Date of birth	Date of death

⁶ Relative, lodger, friend

⁷ Birth child, adopted child, step-child

4. Accommodation

What type of property do you live in? *Please tick the box which applies to your property*

Detached Semi-Detached Bungalow Flat/Apartment Terraced/Mews

Other (please specify).....

It is a requirement that each child placed with you has their own bedroom space: How many spare bedrooms do you have for the foster child(ren)?

One Two Three Four

5. Have you, your partner, or any of the people named in part 3 ever applied or been approved as a foster carer or to adopt previously? *If so with which authority/agency did you apply and what date*

Name	Agency / Local Authority	Date Started	Date Ended

6. Do you, your partner, or any of the people named in part 3 suffer, or have ever suffered, from any serious illness, mental or physical of any kind that might effect the safety or welfare of a child? *(please provide details of illness in the spaces below)*

1st Applicant: YES NO

.....

2nd Applicant: YES NO

.....

Any person(s) named in Part 3: YES NO

.....

7. Have you, your partner, or any of the people named in part 3 ever been convicted of an offence of any kind? *(please provide details of the offence)*

1st Applicant: YES NO

.....

2nd Applicant: YES NO

.....

Any person(s) named in Part 3: YES NO

.....

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8. Signatures *(If 2 applicants are applying then both must sign)*



1st Applicant:..... **Date:**...../...../.....

2nd Applicant:..... **Date:**...../...../.....

For our information only:

From whom / or where did you hear about us? *(Please tick appropriately)*

Internet Newspaper or Magazine Hospital Other *(Please specify)*.....
(Which publication?).....

Personal recommendation *(Who recommended us?)*.....

Other *(Please give details)*.....

Thank you for taking time to complete this application form, we will be in touch very shortly.

If you require any assistance with the completion of this form or have any queries please do not hesitate to contact our team on 08701 20 35 23.

FOR OFFICE USE ONLY

1. Application Read By:..... **Date:**...../...../.....

2. Courtesy call must be made to applicant to acknowledge receipt of application form and to inform them that a Social Worker will in contact with them within 7-10 days

Call made by:..... **Date:**...../...../.....

3. Is the application suitable to proceed? *(please tick the appropriate box)* YES *(go to No. 4)* NO *(go to No. 6)*

4. Application Referred to for Pre-Assessment Visit:..... **Date:**...../...../.....

5. Pre-Assessment Visit Date:...../...../.....

6. Application Closed By:..... **Date:**...../...../.....

7. Closure Form Completed? *(please tick appropriate box)* YES NO

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