

1b Registration of interest in foster care

~~I/we have read the Information Pack for potential carers, including “Matthew’s story” and (mark one)~~

- I/we would like to be contacted by a worker from your agency to arrange an Information Exchange Session
- I/we have already arranged with your agency to attend an Information Exchange Session

on (date)

Please provide the following information. If you are a couple, details of both people must be provided.

1. Last name

Person 1

Person 2

2. First and middle name(s)

Person 1

Person 2

3. Address

Residential

Postal

4. Contact phone numbers

Home

Work

Mobile

5. Email address

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6. Please complete table below for all members of your household

Include adults, young people and children living in your home or regularly staying overnight

Name (first, middle and last names)	Date of birth	Gender	Relationship to Person 1	Relationship to Person 2
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
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		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		

7. What language(s) do you speak at home?

8. Do you identify as being Aboriginal?

(mark one) Yes No

9. Do you identify as being Torres Strait Islander?

(mark one) Yes No

10. Have you or any member of your household applied to, or been approved to be a carer with any other agencies?

(mark one) Yes No

If yes, provide details of the name of the person(s) and the agency to which they applied or with which they were approved.

11. Are you currently providing family day care?

(mark one) Yes No

If yes, provide details of the name and contact numbers of your family day care scheme co-ordinator.

12. What type(s) of care are you interested in applying for?

(Mark any you are interested in)

- Respite care
- Short-term care
- Long-term care
- Emergency care
- Specialist care
- Care of a child who will be reunified with their birth family
- Care of an Aboriginal child or young person
- Care of an adolescent
- Care of a child from a different culture
- Care of a child with an intellectual disability
- Care of a child with a physical disability
- I/we are not sure yet

Signature of Person 1

Signature of Person 2

Date

Date

Please return to: <i>(name of agency worker)</i>	<input type="text"/>
Address of agency worker	<input type="text"/>
Email of agency worker	<input type="text"/>