

## Enquiry Form

Have you had any previous contact with this agency or any other agency in relation to fostering?

Applicant 1: \_\_\_\_\_

Applicant 2: \_\_\_\_\_

How did you hear about Safehouses Fostering?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Signatures

Applicant 1: \_\_\_\_\_

Applicant 2: \_\_\_\_\_

Date: \_\_\_\_\_

*If populating this form online, signatures will be collected at our initial visit.*

**Please return the completed Initial Enquiry Form via methods listed below:**

**Post:** Safehouses Fostering, The Fleece, 41 Oldham Road, Denshaw, Oldham, OL3 5SS

**Email:** [admin@safehousesfostering.org.uk](mailto:admin@safehousesfostering.org.uk) *(For enquiries tel: 01457 829 111)*

### For official use only

Date enquiry received: \_\_\_\_\_

Date brochure sent: \_\_\_\_\_

Date form returned: \_\_\_\_\_

Initial visit arranged for: \_\_\_\_\_

Staff undertaking visit: \_\_\_\_\_

Final outcome: \_\_\_\_\_



*A local fostering agency*

## Initial Enquiry Form



[www.safehousesfostering.org.uk](http://www.safehousesfostering.org.uk)

SHIA - issue 1

**Enquiry in relation to being assessed as a professional Foster Carer**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.

Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**Children of applicants living at home**

Name	Gender M/F	D.o.B	Relationship to applicants

**Other members of household**

Name	Gender M/F	D.o.B	Relationship to applicants

Are the above aware of your enquiry? (Please tick box) Yes  No

Do you have room in your house for another child? Yes  No   
*(Unless same sex siblings, each foster child must have their own room)*

If yes - How many bedrooms available?

Are you employed? Please tick **Yes** or **No** and indicate below: Yes  No

	Full Time	Part Time	Other (ie. shift work)
Applicant 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Nature of employment / business:

Applicant 1 \_\_\_\_\_ Applicant 2 \_\_\_\_\_

Do you drive? *Please indicate:* Applicant 1: Yes / No Applicant 2: Yes / No

Why are you interested in becoming a Foster Carer?

\_\_\_\_\_  
 \_\_\_\_\_

Do you have an relevant childcare experience either employed or voluntary?

Applicant 1 \_\_\_\_\_  
 \_\_\_\_\_

Applicant 2 \_\_\_\_\_  
 \_\_\_\_\_

Do you have any convictions or cautions, spent or otherwise? Yes  No   
*(Please tick box)*

**Please note: Minor offences will not preclude you from working with children.**