

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 *(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

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.