

Welcome to the Carer Application Pack

Please **post** the completed application form to:

Or hand deliver to: 5Fostering, Lionel Road, Bexhill-on-Sea, East Sussex TN40 1NR

Or **Fax** to: 01424 211 122

If you'd like any help or to give us any feedback on the application form, please let us know by emailing feedback@5fostering.co.uk or calling us on 01424 211 122 or texting 07592 202 873



2 01424 211 122

07592 202 873

office@5fostering.co.uk

+44 1424 234676

* www.5fostering.co.uk

✓ MiramarDe La Warr ParadeBexhill-on-SeaEast SussexTN40 1NR

Welcome,

Welcome to the 5Fostering application- the first step to becoming a 5fostering carer.

If you are unsure or would like assistance in any way, please do not hesitate to contact us. You may wish to have this form in a different format, for example translated to a different language or as an audio document due to visual impairment. Let us know and we will be pleased to make all possible reasonable adjustments; we can enter your information with you or even scribe if you'd prefer. If you would like to form electronically document, please contact the 5Fostering office and we will be pleased to email you a copy.

The aim here is to:

- ensure that the next step is appropriate for you
- provide an understanding of the ethos of the assessment and the personal detail that will be required
- give you time to think about fostering in preparation of the assessing social worker's discussions

Fostering is very much a family commitment and we would rather you and your family took that step without feeling harassed. Consequently, we do not pressurise enquirers to submit application forms. Being foster carers ourselves, we understand the anxieties that you may be feeling but equally, we are more than willing to discuss any issue or concerns you may have and we will fully support you through the process.

Please note that we hold this information in accordance with our information handling policy and we are ICO registered. We will leave you a copy if you wish.

We will be asking you for a considerable amount of detailed personal information. Understandably this has grown over the years and after each tragedy involving children and young people. It is for this reason that we ask for honesty and full information as it would be a great concern if something important came to light that should have been disclosed at an earlier. It is also important for applicants to be aware that fostering is subject to (among other checks reports and references) an enhanced Disclosure and Barring Service (DBS) request that will disclose spent and unspent convictions, Local Authority Records Check that discloses any contact with the local social services (including contact with police if children are present), Credit Check that identifies your credit worthiness, addresses, and any county court judgements.

Please try to respond to every question (even if it is 'N/A' or 'None') and once you have completed the form please return it to the office address - preferably by hand or 'signed for' mail and we will take you through to the next step.

Don't forget to ask for help if you have any queries.

Kind regards,

Rob & Katie Edworthy



Personal and Citizenship Details	Applicant #1	Applicant #2 / Partner
1. Title (e.g. Ms/Mr/Mrs/Dr)		
2. First name		
3. Last name		
4. Preferred name		
5. Gender: (Male / Female)		
6. Date of birth: (DD/MM/YY)		
7. Do you have any convictions, reprimands, cautions or warnings - spent or unspent? If so, please give details or disclose to your Assessing social worker		

Identity Proof	Applicant #1	Applicant #2 / Partner
8. Passport Nationality (if you do not have a passport enter your Nationality as you understand it to be)		

Contact Details	Applicant #1	Applicant #2 / Partner
9. Current house phone number:		
10. Personal Mobile:		
11. Personal Email:		
12. How would you prefer to be contacted? (Phone/email etc.)		
13. Preferred Time (am/pm/		

Medical	Applicant #1	Applicant #2 / Partner
14. What is the name of your doctor or 'GP'?		
15. GP Surgery Address & phone number		
16. Do you have a condition that requires treatment? If so, please name of your condition. (You may not wish to disclose this if you feel that it does not relate to fostering)		
Once this application is subn	nitted each applicant will be given a repalth.	port for their doctor to
17. Do you consider yourself to be disabled? What is the nature/name of your disability?		

Partnerships	Applicant #1	Applicant #2 / Partner
18. Current Partnership status; Married / Single / Civil Partnership / Separated / Divorced / Widowed etc.		

Sexual Orientations	Applic	ant #1	Applicant #2 / Partner		
	Heterosexual or 'Straight'	2. Gay or Lesbian	Heterosexual or 'Straight'	2. Gay or Lesbian	
19. Please each applicants' sexual orientation.	3. Bisexual 4. Other		3. Bisexual	4. Other	
Shormanori.	5. Prefer not to say		5. Prefer not to say		

Transport	Applicant #1	Applicant #2 / Partner
20. Full Driving Licence?		
21. Any points on your licence?		
22. If so what for? (e.g. speeding, driving without due care and attention, no insurance)		
23. Are you a vehicle owner? (How many vehicles?)	Yes / No (1, 2, 3+)	Yes / No (1, 2, 3+)



Children and Dependents	Applicant #1	Applicant #2 / Partner
24. Do you have any children (under 18yrs) living with you?	Give names and dates of birth	Give names and dates of birth
25. Who else sleeps at the property who is 18yrs or over? (we will need a DBS check for any person of 18yrs or more)		
26. Are you responsible for any other Children or Adults? (Children you have 'Parental Responsibility' for, or adults care for?) Please state why they no longer live with you?		
27. Do any of the above people have any convictions cautions, reprimands or warnings spent or unspent? Please also give details to your social worker	Please provide details and dates	Please provide details and dates

Religious belief	Applicant #1				Applicant #2 / Partner			er			
28. Please	1. Jewish	2. Islam	3. None		4. Sikh	1. Jewish	2. ls	slam	3. None		4. Sikh
circle each applicants	5. Roman Catholic	6. Church of England	7. Other Christian		8. Buddhist	5. Roman Catholic		Church England	7. Other Christian		8. Buddhist
' religion.	9. Hindu	10.Jehovah 's Witness	11. Other - please specify		9. Hindu		Jehovah Vitness	11. Othe	r - ple	ease specify	
Practicing? ¹	Regula	r Ad	hoc	L	.apsed	Regula	ır	Ad	hoc	L	.apsed

Languages	Applicant #1	Applicant #2 / Partner
29. Mainly used in the household		
30. Other languages spoken		

¹ Delete as appropriate



Employment in the last 5 Years (Continue on a separate page if necessary)					
	Applicant #1	Applicant #2 / Partner			
31. Current Employment or Occupation					
32. Name of Employer					
33. Address					
34. Date started (mm/yy)					
35. Significant Events (e.g. disciplinary, disputes/achieve ments or awards)					
36. Previous Employment or Occupation					
37. Name of Employer					
38. Address					
39. Dates (mm/yy) started/finished					
40. Significant events (see above)					
41. Previous Employment or Occupation					
42. Name of Employer					
43. Address					
44. Dates (mm/yy) started/finished					
45. Significant events (see above)					



Experience of Working with Children	Applicant #1	Applicant #2 / Partner
46. If you have been a foster carer before, please give the name of your agency and dates of registration?		
47. What was the reason for leaving this fostering agency?		
48. Please give start and finish dates of any other volunteering or paid work with children		
49. Please describe the role and nature of the volunteering or work you undertook above.		

Education & Qualifications	Applicant #1	Applicant #2 / Partner
50. Educational Establishments since the age of 11yrs. • Please include the		
addressyears when attended.		
(Continue on a separate page if necessary)		



PLEASE NOTE THE FOLLWING SECTIONS RELATE TO EACH APPLICANT IN TURN

51. Qualifications achieved by Applicant #1

(continue on an additional sheet if necessary)

·			
Qualification (e.g. GSE / BA / Masters)	Subject (e.g. Maths / Social Sciences)	Grade (e.g. C / Merit / 2:1)	Year (e.g. 89)



52. Qualifications achieved by Applicant #2 (continue on an additional sheet if necessary)

Qualification (e.g. GSE / BA / Masters)	Subject (e.g. Maths / Social Sciences)	Grade (e.g. C / Merit / 2:1)	Year (e.g. 89)



Ethnicity 53. Ethnic groups of Applicant #1 - Please identity the group² that you feel best describes your ethnicity 4. Any other White background. 1. English / Welsh / Scottish / 3. Gypsy or Irish Please describe here; White 2. Irish Northern Irish / British Traveller 8. Any other Mixed / Multiple ethnic background. Please describe here; Mixed / Multiple 5. White and Black 6. White and Black 7. White and Asian Caribbean African ethnic groups 13. Any other Asian background. Please describe here: 11. Asian / Asian British 9. Indian 10. Pakistani 12. Chinese Bangladeshi 16. Any other Black / African / Caribbean background. Please Black / African / Caribbean / Black 14. African 15. Caribbean describe here: British 18. Any other ethnic group. Please describe here; Other ethnic group 17. Arab 54. Ethnic groups of Applicant #2 - Please identity the group³ that you feel best describes your ethnicity 4. Any other White background. 1. English / Welsh / Scottish / 3. Gypsy or Irish Please describe here; White 2. Irish Northern Irish / British Traveller 8. Any other Mixed / Multiple ethnic background. Please describe here; Mixed / Multiple 5. White and Black 6. White and Black 7. White and Asian Caribbean African ethnic groups 13. Any other Asian background. Please describe here: Asian / Asian British 9. Indian 10. Pakistani 12. Chinese Bangladeshi

² www.ons.gov.uk/ons/guide-method/measuring-equality/equality/ethnic-nat-identity-religion/ethnic-group/index.html#1

14. African

British

Other ethnic group

Black / African / Caribbean / Black

17. Arab

15. Caribbean

18. Any other ethnic group. Please describe here;

16. Any other Black / African / Caribbean background. **Please**

describe here:

 $^{^3\} www.ons.gov.uk/ons/guide-method/measuring-equality/equality/ethnic-nat-identity-religion/ethnic-group/index.html \#1$



Property Details

11000117 5	0.0						
Household Addres	SS (NB.	Rented accor	mmod	ation you will ne	ed written permission	the lo	andlord)
55. House Name / Number and Road/Street							
56. Postal town							
57. County					58. Postco	ode	
59. Local Authority							
60. Occupied this property s	ince						
61. Number of bedrooms :		62. Number of spare bedrooms:					
63. Number of bathrooms :							
Pet Residents							
64. What are the names, species and breeds of any pets? (Continue on separate sheet if necessary – a questionnaire will need to be carried out for any pets in the home)	1		2		3	4	

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Referees

There are a number of persons we are obliged to contact (e.g. current or recent employers, your child's school, children, ex-partners, close family relatives etc., and in addition we contact the following referees.

They will need to have been contacted by you and to have agreed to give you a reference before we contact them.

We request at least six referees who collectively comment on four perspectives;

- 1) personal history,
- 2) child engagement,
- 3) working with others,
- 4) social engagement.

One of the referees must be a 'professional referee' see below.

1. Personal History

A referee who can comment on your **personal history** is someone who have known you for a long time for example a long-term neighbour, cousin, aunty (unfortunately this cannot be your parent, brother or sister)

2. Engagement With Children

A referee who can comment on your **engagement with children** could be any adult who can comment on how you interact, engage, work or play with children. For example, another parent who you know from the same school your child attends, or a teacher when you volunteered for a school activity, a friend's parent who helped you run a birthday party.

3. Working With Others

A referee about your way of **working with others** could be anyone who has worked with you in any environment and could comment on your working style for example; a teacher, previous employer, work colleague, employee etc.

4. Social Engagement

A referee who can comment on your **social engagement** is anyone who knows you from a social perspective for example a neighbour or family friend. Unfortunately, this cannot be an immediate blood relative (i.e. your sibling or parent), but any other person or relative is eligible.

The Professional Referee

A '**Professional' referee** is any person who is a member of a professional body and knows you well. For example a doctor, solicitor, teacher, dentist, nurse, social worker, etc. They may comment on any aspect of your personality, approach or temperament.

Please note that we recognise that the same referees may comment on several areas and for both applicants. For instance you may choose to include a teacher who knew you in a work placement as a teaching assistant would be a **professional** referee commenting on you **working** with others and **engaging** with children; or a friend who helped at a child's birthday party is a person who can comment on a **social** and **child engagement**; or an aunt who frequently visited and can comment on how you grew up as a child and parented your children can comment on your personal **history**, **engagement** with children and **social** engagement.

Please note that the same person may act as a referee for both applicants. We are looking for six referees for the application – not six referees each. However, we would ask that there was a balance between the applicants.



Referees - CONFIDENTIAL

Type of reference* (delete as applicable)	How you know the person e.g. as neighbour, teacher, good friend etc.	Full Name of the Referee	Address	Telephone number	Email address (if known)	Occupation
 Historical Children Work Social Profess'nl 						
 Historical Children Work Social Profess'nl 						
 Historical Children Work Social Profess'nl 						
 Historical Children Work Social Profess'nl 						
 Historical Children Work Social Profess'nl 						
 Historical Children Work Social Profess'nl 						

Referees - CONFIDENTIAL

65.Work Place Reference

If either applicant is working (paid or unpaid), we are required to undertake an employer's reference

By signing below I give permission for 5Fostering to contact the named persons for a reference regarding becoming a foster carer.

Applicant #1	Name and position of person to contact	Name and address of employer	Phone number and email address (if known)	Your signature and occupation
Applicant #2	Name and position of person to contact	Name and address of employer	Phone number and email address (if known)	Your signature and occupation

66.Birth Children School's Reference

If your children attend school we will need to request a reference from the Head teacher

By signing below I give permission for 5Fostering to contact the named persons for a reference regarding becoming a foster carer.

Child's name and year group	Head teacher's name	School address	Your signature
Child's name and year group	Head teacher's name	School address	Your signature
Child's name and year group	Head teacher's name	School address	Your signature

Referees - CONFIDENTIAL

67.Previous Partner Reference

If either partner has cohabited with a different partner, we are obliged to contact them if you are able to supply their contact details. We recognise that this may be less than positive, but it will not necessarily prejudice your application.

Name of applicant:			
Name of Cohabitant	Address:	Start	Finish
Name of applicant:			
Name of Cohabitant	Address:	Start	Finish

Local Authority Records Check

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68.Local Authority Social Services Records Check

Authorisation for Local Authority Check

I give my consent for the local authority to access my personal information as required for the local authority check of records in order to be considered for approval as a Foster Carer. I give my permission for this information to be forwarded to the 5Fostering Ltd, Registered Manager and Information Guardian, Rob Edworthy, and for it to be held according to the Information Handling Principles, Policy and Procedures published by 5Fostering Ltd.

To the best of my knowledge, the information I have provide	ded below is true and complete.	
Applicant #1 Print name:	Signed:	Dated:
Applicant #2 Print name:	Signed:	Dated:
Continuous residency record		

Continuous residency record

	Full Name (including middle names)	Current address #1	Previous address #2 (please note that there must be no gaps between addresses)
Applicant #1	Date of Birth	Start of occupancy	Start / end date of occupancy
Applicant #2	Date of Birth	Start of occupancy	Start / end date of occupancy

	Previous addresses continuation sheet (please note that there must be no gaps between addresses – if no fixed abode (i.e. travelling or homeless) please state)					
Applicant #1	#3	#4	#5	#6		
	Start / end date of occupancy	Start / end date of occupancy	Start / end date of occupancy	Start / end date of occupancy		
Applicant #2	#3	#4	#5	#6		
	Start / end date of occupancy	Start / end date of occupancy	Start / end date of occupancy	Start / end date of occupancy		

Please continue on an additional sheet if necessary.





Authority to undertake a Credit Reference Check

69. Credit reference permission

I give my consent for Five Fostering Ltd to request a Credit Check regarding my financial records in order to be considered for approval as a Foster Carer and to demonstrate that financial gain is not my priority.

I give my permission for this information to be forwarded to the 5Fostering Ltd, Registered Manager and Information Guardian, Rob Edworthy, and for it to be held according to the Information Handling Principles, Policy and Procedures published by Five Fostering Ltd. Information regarding my personal finances will only be shared with the information guardian. Rob Edworthy, the assessing Social Worker and the Supervising Social Worker.

Personal information gained from a credit check is not divulged to the Fostering Panel or any other person or agency unless it relates to a serious crime or a Child Protection concern.

I have not been declared bankrupt and financial gain is not my priority in fostering.

I have completed 5Fostering's self-declaration 'Family Finance Review' and I understand that the remuneration aims to enable me to foster and is not an end in itself.

To the best of my knowledge, the information I have provided below is true and complete.

Applicant #1	
Signed:	Dated:
Print name:	
Applicant #2	
Signed:	Dated:
Print name:	

70. What inspired you to apply to be a carer now?

Motivations	Applicant #1	Applicant #2 / Partner
Why do you want to be a carer?		
(Continue on an additional sheet if necessary)		

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Please add anything else that you would like to tell us about yourself; your personal beliefs,

Any additional relevant information

what you want to help children to develop, parenting skills and attributes you feel are needed for the role you may have that you haven't mentioned already.		
I confirm that the above information is true and complete and that I am not aware of any anything else that may adversely affect the decision to accept my application to become a 5Fostering Carer.		
71. Signed Applicant #1; Date		
72. Signed Applicant #2;		
Thank you for completing this section of the application process.		
You may now have a flavour of the style of the assessment and the questions that may be asked. As you can understand, the process is a thorough but necessary in order to ensure that the very vulnerable children who have usually suffered significant trauma can benefit from the very best of family nurturing.		
If you wish to continue with your application, please return this form to the 5Fostering office either by hand to the secure 5Fostering 'drop box' in Lionel Road entrance to Miramar (TN40 1NR), or by 'signed for' mail to the registered office;		
5Fostering, Miramar De La Warr Parade, Bexhill-on-Sea East Sussex TN40 1NR		
Well done for getting this far! - and thank you.		
Rob and Katie Edworthy		