

## Registration of Interest in being a Foster Carer

I/we have read the Information Pack for potential Authorised 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 Sharing Session.

I/we have already arranged with your agency to attend an Information Sharing Session on: (date)

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

		Person 1	Person 2
1.	Last name		
2.	First name		
3.	Home address		
4.	Contact phone numbers:	H: M: W:	H: M: W:
	<i>Home</i>		
	<i>Mobile</i>		
	<i>Work</i>		
5.	Email addresses	1: 2:	

6. Please complete for all members of your household

*(Include adults, young people and children regularly living in your home or residing on your property on a regular or frequent basis, including in a caravan, vehicle or any other structure)*

Name (first, middle and last names)	Date of Birth	Male/ Female/ Unspecified	Relationship to Person 1	Relationship to Person 2
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified		
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified		
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified		
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified		
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified		
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified		

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

8. Are you of Aboriginal background?

*(mark one)*  Yes  No  Both  Prefer not to answer

9. Are you of Torres Strait Islander background?

*(mark one)*  Yes  No  Both  Prefer not to answer

10. Have you or any member of your household applied to, or been authorised 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 by which they were authorised.

11. What type of care are you interested in applying for? *(mark any you are interested in)*

- respite care
- emergency care
- interim/restoration care
- long-term fostering
- fostering with a view to undertaking guardianship (until 18 years)
- fostering with a view to open adoption

Signature of applicant 1

Signature of applicant 2

Date

Date

