1d Application to become a foster carer

To be completed after participating in an Information Sharing Session by applicant(s) and adult partners either living in the household or non-live-in partners who will have a day to day parenting role.

All information on this form is required for the purpose of undertaking assessment activities, including background checks.

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| Personal details of applicant | | |
|  | Applicant 1 | Applicant 2 (if a couple) |
| Last name | < enter text > | < enter text > |
| First and middle name(s) | < enter text > | < enter text > |
| Previous names (e.g. maiden names, legal name changes, aliases) | < enter text > | < enter text > |
| Date of birth | < dd/mm/yyyy > | <dd/mm/yyyy> |
| Gender | < M/F/other > | < M/F/other > |
| Do you identify as being Aboriginal? (mark one) | |  |  |  |  | | --- | --- | --- | --- | | X | Yes | X | No | | |  |  |  |  | | --- | --- | --- | --- | | X | Yes | X | No | |
| Do you identify as being Torres Strait Islander? (mark one) | |  |  |  |  | | --- | --- | --- | --- | | X | Yes | X | No | | |  |  |  |  | | --- | --- | --- | --- | | X | Yes | X | No | |
| Country of birth | < enter text > | < enter text > |
| Are you an Australian permanent resident or Australian citizen? (mark one) | |  |  |  |  | | --- | --- | --- | --- | | X | Yes | X | No | | |  |  |  |  | | --- | --- | --- | --- | | X | Yes | X | No | |
| If no, residency status in Australia | < enter text > | < enter text > |
| Language, other than English, that you speak? | < enter text > | < enter text > |
| Occupation | < enter text > | < enter text > |
| No. of employed hours a week | < # > | < # > |
| Current home address | < enter text > | < enter text > |
| Contact phone numbers | | |
| Home | < 00 0000 0000 > | < 00 0000 0000 > |
| Work | < 00 0000 0000 > | < 00 0000 0000 > |
| Mobile | < 0000 000 000 > | < 0000 000 000 > |
| Email address | < enter text > | < enter text > |
| Brief description of your education and employment history | | |
| Applicant 1 | < enter text > | |
| Applicant 2 | < enter text > | |

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| Other members in 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 | Gender | Date commenced living in household  (can be same as date of birth) | Relationship to Person 1 | Relationship to Person 2 |
| < enter text > | <dd/mm/yy> | <M/F/other> | <dd/mm/yy> | < enter text > | < enter text > |
| < enter text > | <dd/mm/yy> | <M/F/other> | <dd/mm/yy> | < enter text > | < enter text > |
| < enter text > | <dd/mm/yy> | <M/F/other> | <dd/mm/yy> | < enter text > | < enter text > |
| < enter text > | <dd/mm/yy> | <M/F/other> | <dd/mm/yy> | < enter text > | < enter text > |
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| < enter text > | <dd/mm/yy> | <M/F/other> | <dd/mm/yy> | < enter text > | < enter text > |
| < enter text > | <dd/mm/yy> | <M/F/other> | <dd/mm/yy> | < enter text > | < enter text > |
| < enter text > | <dd/mm/yy> | <M/F/other> | <dd/mm/yy> | < enter text > | < enter text > |

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| Other children | |
| Does any household member have children under 18, other than those listed in the table above? (mark one) | |  |  |  |  | | --- | --- | --- | --- | | X | Yes | X | No | |
| If yes, please provide the name of the household member who has a child/ren under 18 living apart from them, the age(s) of the child and the reason they are living elsewhere | < enter text > |

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| Referees | | | |
| I/we provide the following names and addresses of three responsible people to act as referees for our application. These people:   * are in current contact with me/us * have known me/us and my/our household for at least two years * have observed me/us interacting with children on a regular basis * are not directly related to me/us * are not related to each other * are willing to provide a reference if required. | | | |
|  | Referee 1 | Referee 2 | Referee 3 |
| Name | < enter text > | < enter text > | < enter text > |
| Home address | < enter text > | < enter text > | < enter text > |
| Home phone | < 00 0000 0000 > | < 00 0000 0000 > | < 00 0000 0000 > |
| Work phone | < 00 0000 0000 > | < 00 0000 0000 > | < 00 0000 0000 > |
| Relationship to applicant | < enter text > | < enter text > | < enter text > |

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| Previous applications | |
| Have you or any member of your household applied to be a carer with any other agencies? (mark one) | |  |  |  |  | | --- | --- | --- | --- | | X | Yes | X | No | |
| If yes, provide the name(s) of the person applying and the agency to which they applied | < enter text > |
| Have you or any member of your household been accredited to be a carer by any other agencies, including agencies in another Australian state or territory? (mark one) | |  |  |  |  | | --- | --- | --- | --- | | X | Yes | X | No | |
| If yes, provide the name(s) of the person accredited and the agency by which they were accredited | < enter text > |

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| **Previous** involvement with child protection authorities | |
| Have you or any other member of your household had involvement with child protection authorities in Victoria or in any other state or territory?  (mark one) | |  |  |  |  | | --- | --- | --- | --- | | X | Yes | X | No | |
| If yes, provide details including the name(s) of the person(s) who has had involvement with child protection authorities and the state or territory where this occurred | < enter text > |

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| **Living overseas** | |
| Have you or other adults in the household lived overseas (for 12 months or more) during any time in the last 10 years?  (mark one) | |  |  |  |  | | --- | --- | --- | --- | | X | Yes | X | No | |
| If yes, provide details | < enter text > |

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| **Previous** experience caring for children | |
| What previous experience do you have in caring for children (other than parenting)? | < enter text > |

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| Driver’s license and motor vehicle | | |
| Do you have a current driver’s licence? (mark one)  Ability to drive is not essential but may affect the type of placement offered. | Applicant 1 | |  |  |  |  | | --- | --- | --- | --- | | X | Yes | X | No | |
| Applicant 2 | |  |  |  |  | | --- | --- | --- | --- | | X | Yes | X | No | |
| Do you have a motor vehicle that is registered, roadworthy and insured? (mark one) | |  |  |  |  | | --- | --- | --- | --- | | X | Yes | X | No | | |

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| Conditions of application | | | | | |
| I/we apply to be foster carer(s) for < agency name >. | | | | | |
| Please mark each box to indicate you have read and agreed or provided any attachments requested. | | | | | |
| |  | | --- | | X | | | I/we agree to take part in the process of assessment for suitability as carer and I/we understand it will include sessions with me/us and my household, including children and young people.  I/we understand that we will be required to sign a code of conduct form provided by the agency and we agree to sign this. | | | |
| |  | | --- | | X | | | I/we understand that I/we will need to complete a two-day training course prior to being accredited as a foster carer. | | | |
| |  | | --- | | X | | | I/we understand that I/we can withdraw this application at any stage. This will not prevent my/our re-application, but my/our reason(s) for withdrawal will be documented and discussed with me/us if I/we do re-apply. | | | |
| |  | | --- | | X | | | I/we understand that all people aged 18 years and above who reside on my/our property have to provide a Working with Children Check as part of the application process.  Note: A Working with Children Check is required regardless of previous or current employment. Teachers, sworn Victoria Police officers and sworn Federal police officers are not exempt from this requirement. | | | |
| |  | | --- | | X | | | I/we as the applicants understand that at the beginning of the Step by Step assessment process we will need to undergo suitability and safety checks, including a check with the Social Services Regulator’s database of persons excluded from being foster carers and checks with community service organisations that I/we have previously applied to or had contact with about becoming foster carers, and I/we consent to those checks. | | | |
| |  | | --- | | X | | | I/we understand that a nationwide police history check will be conducted for all household members aged 18 or more, and for other people aged 18 or more who regularly stay overnight. | | | |
| |  | | --- | | X | | | I/we understand that an international criminal record check will be conducted for all household members aged 18 or more who have lived overseas for more than 12 months in the past 10 years.  Or, if it is not possible to conduct an international criminal record check:  I/we understand that three additional referee checks will be done with people who knew me/us while living in that country. | | | |
| |  | | --- | | X | | | I/we understand that a police history or criminal record does not automatically prevent me/us from being a foster carer, but the implication of any convictions on my/our suitability to be a foster carer will be discussed with me/us and will be taken into account in the assessment process. | | | |
| |  | | --- | | X | | | I/we understand that a home and environment check will be undertaken for all properties we live in and regularly visit. I/we also understand and agree that we are expected to maintain the property(ies) at the required standard and may be required to modify aspects of our home environment(s) depending on the age and individual needs of children that we provide care for. | | | |
| |  | | --- | | X | | | I/ we understand that < agency name >:  will use information known to the agency about me/us to inform their assessment decision and will ask my/our permission to contact any other people or agencies who are able to provide relevant information regarding my/our suitability to provide foster care. | | | |
| |  | | --- | | X | | | A signed consent(s) for release of medical information from my/our doctor is attached (one for each applicant). | | | |
| |  | | --- | | X | | | A self-completed Applicant Health Checklist(s) is attached (one for each applicant). | | | |
| |  | | --- | | X | | | I/we give consent for the information collected in the assessment process to be securely stored with the agency in accordance with the agency privacy policy and used for the purpose of determining my/our suitability as carer. | | | |
| |  | | --- | | X | | | I/we understand that the information collected in the assessment process will be treated confidentially unless disclosure is required under law or agency accreditation requirements, including information provided to the Victorian Carer Register, other organisations for the purpose of background checks or to courts under subpoena. | | | |
| |  | | --- | | X | | | (optional)  I/we give permission that a de-identified copy of my final report prepared by the assessor may be supplied to the Association of Children’s Welfare Association (ACWA) as part of the assessor’s training process. I understand that my/our names and the names of any family members and any other identifying details will be deleted from the report prior to providing it to ACWA, and that the report will only be used by ACWA for the purpose of accrediting the assessor. | | | |
| |  | | --- | | X | | | I/we state that the information contained in this application, including all attachments, is correct to the best of my /our knowledge. | | | |
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|  | | Applicant 1 | Applicant 2 (if a couple) |  |
| Signed (insert scanned image or print and sign) | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Name | | < enter text > | < enter text > |  |
| Date | | < dd/mm/yyyy > | < dd/mm/yyyy > |  |
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| Attachments |
| Please provide the following attachments with this form:   * self-completed ‘Applicant Health Checklist(s)’ (Form 1g) * signed letter(s) of consent for release of medical information (Form 1i Medical check PART A) |

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| AGENCY USE ONLY | |
| Date application received by agency | < dd/mm/yyyy > |
| Information storage  🗹 File the completed form securely in the applicant’s file either electronically on the agency’s central record management system or in hard copy on the applicant's file. If the applicant becomes accredited, all completed assessment forms must be kept on the carer’s file. | |