



Fostering Agency

INTERESTED IN FOSTERING?

Please complete the following:

First Name:  Surname:   
 Address:  Home Phone:   
 Email:  Mobile Phone:   
 Date of Birth:   
 Gender:  Ethnicity:  Religion:

Marital Status

Single  Married  Divorced  Cohabiting  Separated

Partner / Spouse (if applicable)

First Name:  Surname:   
 Mobile Phone:  Date of Birth:

Email

Gender:  Ethnicity:  Religion:

How many other people aged over 18 live with you at your home address?

How many Children do you have?

How old are your children? (if applicable) Please tick the box if they currently reside with you.

Child 1 – Gender	<input type="text"/>	Child 1 – Age	<input type="text"/>	<input type="checkbox"/>
Child 2 – Gender	<input type="text"/>	Child 2 – Age	<input type="text"/>	<input type="checkbox"/>
Child 3 – Gender	<input type="text"/>	Child 3 – Age	<input type="text"/>	<input type="checkbox"/>
Child 4 – Gender	<input type="text"/>	Child 4 – Age	<input type="text"/>	<input type="checkbox"/>
Child 5 – Gender	<input type="text"/>	Child 5 – Age	<input type="text"/>	<input type="checkbox"/>

How many bedrooms do you have in your home?

How many spare bedrooms do you have in your home?

Have you ever applied to be a Foster Carer before?

If Yes, please state date from when?

And name of the Fostering Agency that you applied with:

How did you hear about us?

Please either:

1. **Hand in or post to:** Norwich Union House, First Floor  
9 Mackenzie Street  
Slough  
Berkshire  
SL1 1XQ
2. **Email to:** [info@bgfa.co.uk](mailto:info@bgfa.co.uk)

You may also **telephone** us on **01753 86 86 86** and a member of staff can help you complete the form.

- Once we receive this Interested in Fostering form back, we will review it and telephone you **within 7 DAYS** to discuss your interest further.
- If we both decide to proceed forward then we will invite you to an Information Session and also arrange a Home Visit.
- Depending on the outcome of the above, we will then advice you of the next steps and discuss the recruitment / assessment or appeal process with you, usually **within 30 DAYS** of receiving this form back.

**Thank you for showing an interest in fostering with our Agency.**

**FOR OFFICE USE ONLY**

**PLEASE PASS THIS FORM ON TO THE MANAGER FOR FURTHER ACTION**

**Allocated to:** \_\_\_\_\_ **By:** \_\_\_\_\_ **Date:** / /

**Time and Date Applicant Contacted:** \_\_\_\_\_ **am/pm** **Date:** / /

**Action Required:**

**Managers Decision:**

**Name:** \_\_\_\_\_ **Date:** / /

**If applicant decides not to continue with this application process at Stage 0 (Interested in Fostering) please record reasons why?:**