

ADOPTION AND FOSTERING ENQUIRY FORM

1. PERSONAL DETAILS

	First Enquirer				Second Enquirer			
Surname								
Forename								
DOB & Age	DOB		Age		DOB		Age	
Title								
Home Address								
Postcode				E-mail				
Tel No				Mobile				

2. ENQUIRY/INTEREST TYPE (please tick relevant box)

Fostering (temp) <input type="checkbox"/>	Fostering (Care4) <input type="checkbox"/>	Fostering (permanent) <input type="checkbox"/>	Fostering (respite) <input type="checkbox"/>
Short Break <input type="checkbox"/>	Non - Specific <input type="checkbox"/>	Adoption <input type="checkbox"/>	Supported Lodgings <input type="checkbox"/>

Who else lives in your household? <small>(give details)</small>	Age	Gender	Relationship to Enquirer

Do you have a spare room?	YES / NO
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What would be the proposed sleeping arrangements? <small>Preferable for over 12's to have their own room unless same gender sibling group sharing</small>	
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Are there any smokers in the household? <small>(link to Perth and Kinross Council Smoking Policy)</small>	YES / NO <small>(If YES please give details)</small>

Do you work? <small>(please give details, hours worked for both applicants)</small>	1 st Applicant	2 nd Applicant
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Would fostering be an alternative to employment for you?	<small>(Give details of why/why not)</small>
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What experience do you have of caring for children?	
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Do you know anyone who is a foster carer or adoptive parent, or anyone who has been fostered or adopted?	
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Which age group (if any) particularly interests you? What about teenagers?	
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Have you any experience of children with disabilities?	
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Have you considered caring for a sibling group?	
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How long have you been considering fostering? Who have you talked to about this?	<small>(Give details)</small>
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How would you manage periods of ill health, school exclusion, holidays etc?	
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