



Carer Application Form

Date Application received by NTFC

Name(s) of applicants

Applicant 1.

Applicant 2.

Known by any previous names eg previous married names, maiden names etc

Applicant 1.

Applicant 2.

Date of birth

Applicant 1.

Applicant 2.

Residential and Postal Address

Phone Applicant 1

Home

Work

Mobile

Phone Applicant 2

Home

Work

Mobile

Are you of Aboriginal background?

Applicant 1 Yes

No

Applicant 2 Yes

No



Are you of Torres Strait Islander background?

Applicant 1 Yes No Applicant 2 Yes No

Do you speak a language other than English?

Yes No *If yes, please detail*

Other people living in the household.

Please write the names & ages of all people who live in the house or who regularly stay overnight. Please state the applicants relationship to that person. Eg Lucy Ball 12 years daughter to Applicant 1, step-daughter to Applicant 2.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

The process of assessing suitability to become foster carers involves all household members, including children, in at least one information session.

What has made you decide to apply to participate in fostering?

What work or other commitments on your time do you have?

Describe



Is there space in your home for a(nother) child? eg spare bedroom, suitable play/homework space?

Describe

Have you had any contact with NTFC (child protection authority) regarding allegations of abuse or neglect of any child while in your care?

(mark one) Yes No

Please discuss.

Other issues/comments.

What other information about you would you like to share with us prior to the assessment?



Referees

You will need to supply the names and addresses of two referees that are not related to you and have known you for a minimum of two years.

Referee 1

Referee 2

Name:

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Address:

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Contact No:

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Relationship to the Applicant

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What type of care are you interested in applying for?

(mark any you are interested in)

respite care

emergency

short-term care (0-3 months)

long term care (3 months or longer)

Would you consider fostering

(tick any you are interested in)

a child from another cultural background?

a child with a physical disability?

a child with an intellectual disability?

a child with special needs eg challenging behaviours, specialist medical requirements etc

a sibling group?



Do you have children residing away from home?

(mark one) Yes No

*If **yes**, please detail name, age and location of child, and reason why they are living elsewhere if under 18 years*

Are you a carer for another agency. If yes, please provide the name, address and contact details.

Have you previously applied to any other agencies to foster?

Applicant 1 Yes No Applicant 2 Yes No

*If **yes**, please provide the name and location of the agency and the result of the application.*



What previous experience do you have in caring for children?

How did you find out about the foster care program

media

community bulletin board

information flyer

referral

through a foster carer

other (please specify)



Conditions of application:

I/we apply to be foster carer (s) for NT Families and Children (NTFC).

Please mark each box to indicate you have read and agreed or provided any attachments requested.

- I understand that I can withdraw the application at any stage. This will not prevent my re-application, but my reason(s) for withdrawal will be documented and discussed with me if I do re-apply.
- I agree to take part in the assessment process to determine my suitability to become a foster carer.
- I understand that I will need to undertake mandatory training in order to become an approved foster carer.
- I understand that NTFC will conduct pre-assessment screening checks including a Police Check, Child Protection History check, medical check and a Home and Physical Environment Check. I understand that any issues that arise during these checks will be taken into consideration of my suitability to become a foster carer.
- I state that the information contained in this application, including all attachments, is correct to the best of my knowledge

	<i>Applicant 1</i>	<i>Applicant 2</i>
Signed	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>

Please return your application to:
Placement Support Team, NT Families and Children
Department of Health and Families
PO Box 40596
Casuarina NT 0811