

Registration of Interest in Foster Care

I/ we have read the Information Pack for potential 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: / /

1. Last name

Person 1 Person 2

2. First and middle name(s)

Person 1 Person 2

3. Home address

.....

4. Contact phone numbers

Home Person 2

Work Person 2

Mobile Person 2

5. Email address

Person 1

Person 2



6. Please complete table below for all members of your household

Name (first, middle and last name)	Date of birth	Male or Female	Relationship to Person 1	Relationship to Person 2

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

.....

8. Are you of Aboriginal background? (mark one)

Yes No

9. Are you of Torres Strait Islander background? (mark one)

Yes No

10. Have you or any members of your household applied to, or been authorised to be a Carer with any other agencies? (mark one)

Yes No



11. What type of care are you interested in applying for?

- Emergency care
- Respite care
- Interim/ restoration
- Long term fostering
- Fostering with a view to guardianship

Signature of Applicant 1 Signature of Applicant 2

DATE: /..... /

DATE: /..... /

Please return by mail to:

Manager: Permanency Support
PO Box 548
Nowra NSW 2541

Or in person to:

Permanency Support Manager
Level 1, 73 North Street, Nowra

email: psintake@southcoastams.org.au