

Application to be approved as an Adopter or Foster Carer

Form F1 PART 1B

CONFIDENTIAL

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NAME

1st applicant

2nd applicant

	1 st applicant	2 nd applicant
Family name		
Previous family name (if applicable)		
Forename(s)		
Other name(s) you are known by		
Date of birth		
Place of birth		
Day telephone number		
Evening telephone number		
Mobile		
Email address		

Address

House name and/or number and street

Town

Postcode

Local authority area in which you live

How long have you lived at this address?

Is this your permanent place of residence? Yes No

If not, please give details:

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BAAF
ADOPTION
& FOSTERING

Application to be approved as an Adopter or Foster Carer

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If you have lived at your current address for less than 10 years, give previous addresses

Address

From

To

Address	From	To

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Partnership status

	1 st applicant	2 nd applicant
If you are married, give date and place of marriage		
If you have a registered civil partnership, give date and place of registration		
If you live with a partner, date on which you set up a household together		
If you are separated or divorced or have dissolved a civil partnership, give date and name of partner ¹		
If you previously set up a household with a partner ² , give date when this ended and name of partner ³		

Have you been involved in any family court proceedings or in any proceedings about children and/or family?⁴

Date	Court	Court Order made (if applicable)	Name of children

¹ If more than one, continue on a separate sheet
² Defined as 'living together in a couple relationship'
³ If more than one, continue on a separate sheet
⁴ The Adoption Agency Regulations 2005 (England) Schedule 4, part 1 (9)



Identity

	1 st applicant	2 nd applicant
Gender		
Nationality		
Ethnic origin ⁵		
Primary language spoken in the home		
Other language(s) spoken in the home		
Religious persuasion or faith group		
Practicing or non-practicing		
Are you registered as disabled?		

A passport size photograph of each applicant should be included
 Give a brief description of your physical characteristics¹

1st applicant

2nd applicant

⁵ You should refer to the Commission for Racial Equality Questionnaire before completing this.

¹ The Adoption Agency Regulations 2005, (England) Schedule 4, part 1 (2)



Who else lives in your household?

Children under 18

Family Name	Forename(s)	Gender	Date of birth	Ethnic descent ²	Relationship to applicant(s)	Current school

² Use the Commission for Race Equality Questionnaire



Adults (including grown-up children) living in the household

Family name	Forename(s)	Gender M/F	Date of birth	Ethnic descent ³	Relationship to ⁴ applicant(s)	Education/ Employment	Status in the household ⁵

Are there other adults (not in the household) who may have responsibility on a regular basis for the care of any child/ren placed with you?

Family name	Forename(s)	Gender	Date of birth	Ethnic Descent ⁶	Relationship to applicant(s) ⁷	Address

Do you have children from your current or previous partnerships living elsewhere? Where a child has died, their details should be recorded here.

Family Name	Forename(s)	Gender	Date of birth/death	Ethnic descent ⁸	Relationship to applicant ⁹	Address

³ Use the Commission for Racial Equality questionnaire
⁴ Relative, lodger, friend
⁵ As 9
⁶ Use the Commission for Racial Equality questionnaire
⁷ As 9
⁸ Use the Commission for Racial Equality questionnaire
⁹ Birth child, adopted child, step-child



Do you have adult children living elsewhere? Where this person has died, the details should be recorded here.

Family Name	Forename(s)	Gender	Date of birth/Death	Ethnic descent ¹⁰	Relationship to applicant ¹¹	Address

¹⁰ Use the Commission for Racial Equality questionnaire

¹¹ Birth child, adopted child, step-child

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Your housing, neighbourhood, and access to services

Briefly describe your accommodation paying particular attention to the way that it is suitable for caring for a child/ren

Briefly describe the neighbourhood and community in which you live and the way that it is suitable for caring for a child/ren

Do you hold a valid driving licence? YES NO

Do you have regular use of a car? YES NO

General Practitioner

	1 st applicant	2 nd applicant
Name of General Practitioner		
Address of GP practice		
Telephone number		

Pets

Are there any pets in the household? Please give species, number and age

Household finance

	1 st applicant	2 nd applicant
Monthly earned income (after deductions)		
Monthly state benefits (please indicate type)		
Monthly income from any other source		
Monthly mortgage or rent payments		
Monthly council tax payments (rates and water rates) (NI)		

Have you ever had a county court judgement made against you or have you ever been declared bankrupt?

YES NO

If yes, please give date(s), Court and brief details

Have you ever been convicted or cautioned for a criminal offence?

Any conviction or caution considered to be "spent" under The Rehabilitation of Offenders Act 1974 must be disclosed

	Date	Offence(s)	Penalty
1 st applicant			
2 nd applicant			



Have you previously applied to become a foster carer¹², adopter or child minder?

	Date	Name of agency	Address	Type of application	Outcome
1 st applicant					
2 nd applicant					

Has any other member of your household previously applied to become a foster carer, adopter or child minder?

Date	Name	Name of agency	Address	Outcome

Occupation or profession

	1 st applicant	2 nd applicant
Current occupation		
Current employer (if any)		
Date started		
Current hours of work		
National insurance number		

¹² Any notifications as private foster carers should be included here



Chronology from birth to 18¹⁸

Please give details of

- the addresses you have lived at
- any changes of name
- significant changes in family circumstances (separation/divorce of parents, death of family members)
- schools or other educational organisations attended and any qualifications or achievements gained¹⁹
- significant employment (identify any experiences involving the care of or work with children)

from when you were born until you were 18. Please give details in the order in which they occurred starting with when you were born and finishing when you were 18.

There should be no unaccounted for periods of time. If necessary, please continue on a separate sheet

Name of applicant

Date started	Date finished	Event	Address or location	Details (include reasons for changes if appropriate)

¹⁸ The Adoption Agency Regulations 2005 (England), Schedule 4, part 1 (15)

¹⁹ The Adoption Agency Regulations 2005 (England), Schedule 4, part 1 (23)



Chronology from 18 to now²⁰

Please give details of

- the addresses you have lived at
- any changes of name
- significant changes in family circumstances (separation/divorce of parents, death of family members)
- schools or other educational organisations attended and any qualifications or achievements gained²¹
- employment, education or training, caring responsibilities, significant voluntary work (identify any experiences involving the care of or work with children)
- periods living abroad apart from holidays

from when you were 18 until now. Please give details in the order in which they occurred starting with when you were 18 and finishing now. There should be no unaccounted for periods of time. If necessary, please continue on a separate sheet

Name of applicant

Date started	Date finished	Event	Address or location	Details (include reasons for changes if appropriate)

²⁰ The Adoption Agency Regulations 2005 (England), Schedule 4, part 1 (15)

²¹ The Adoption Agency Regulations 2005 (England), Schedule 4, part 1 (23)



Date started	Date finished	Event	Address or location	Details (include reasons for changes if appropriate)



Please give the names and addresses of two people who are not family members who know you well and would be prepared to be interviewed about your parenting/caring capacity and other issues relevant to this application. *These are minimum requirements and the agency may also require additional references. Where this is the case, the agency will explain these requirements and seek your consent.*

	1 st referee	2 nd referee	3 rd referee ²²
Name			
Address			
Telephone number			
Relationship to you			
Number of years known			
Does this referee know you as a couple (where this is a joint application) or one of you (state which)			

I certify that, to the best my knowledge and belief, the details supplied in this application are correct. I understand that the agency may seek verification of any of the facts supplied. I understand that if any of this information is found to be false or misleading, this may result in the agency rejecting my application. I understand that it is important not to withhold any information about factors that may influence my capacity to care for a child. If I have any uncertainty about this, then I will discuss the details during the assessment.

I give my consent to the agency asking for information (written or verbal) from individuals, agencies or organisations identified to me by the agency in support of this application. I understand that any information obtained will only be used in processing my application. This includes a written report from my registered medical practitioner about my health. I understand that I may not be entitled to see some of this information where it has been supplied confidentially.

I understand that the agency may ask me to supply further information in order to assess my application.

I understand that any information supplied by me in respect of this application may be held and/or processed in an electronic form and is subject to the relevant provisions in the Data Protection Act 1998 and other relevant statutes. I understand that any information supplied will form part of the agency's case record in respect of my application.

²² Adoption in England and Wales. The third referee may be a relative. The Adoption Agency Regulations 2005 (England) Schedule 4, part 1 (10)

I understand that this form is the property of the agency to whom I have applied. I agree not to copy this document (other than for my own personal records) or disclose its contents in full or in part, to any other person, agency or authority without the agency's permission.

Name of first applicant

Signature (1st applicant)

Date

Name of second applicant

Signature (2nd applicant)

Date



Notes

What is your ethnic group?

Choose only one section from A to E. Then tick the appropriate box within that section to indicate your ethnic group. You should use this questionnaire to identify your ethnic group but record the answer in the relevant section of the application form.

A White

British

English

Scottish

Welsh

Irish

Other
(please write
in)Any other white background
(please write in below)**B Mixed**White and
Black
CaribbeanWhite and
Black
African

White and Asian

Any other mixed background (please
write in)**C Asian**

Asian British

Asian English

Asian
ScottishAsian
Welsh

Indian

Pakistani

Bangladeshi

Any other Asian background (please
write in)**D Black**

Black British

Black
EnglishBlack
ScottishBlack
Welsh

Caribbean

African

Any other background
(please write in below)

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Notes

E Chinese

Chinese British

Chinese
English

Chinese
Scottish

Chinese
Welsh

Any other background (please write in)

If you cannot identify yourself from the five groups above, please use your own preferred term for identifying your ethnic group.

The above classifications are as recommended by the Commission for Racial Equality.

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