

*Independent Asian  
Fostering Bureau*



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Preliminary Application to become a Foster carer

The children looked after by IAFB have a range of needs. We need carers who can meet those needs and who are representative of the children's culture. If you (and your family) are interested in becoming Foster carers, please complete this form to provide us with some basic information about you. The information you provide will be dealt with in confidence.

If you would like more information before completing this form, please contact us on the telephone number shown above.

1. FIRST APPLICANT	SECOND APPLICANT
NAMES .....	2 <sup>nd</sup> .....
.....	.....
DATE OF BIRTH .....	2 <sup>nd</sup> .....
ETHNIC DECENT.....	2 <sup>nd</sup> .....
LANGUAGE(S) SPOKEN AT HOME: .....	
.....	
RELIGION .....	
PRACTISING .....	
OCCUPATION .....	2 <sup>nd</sup> .....
NUMBER OF CURRENT/ PROPOSED HRS OF WORK.....	
HOME TEL: .....	
WORK TEL: .....	
MOBILE: .....	
EMAIL ADDRESS: .....	

2. ADDRESS (How long have you lived here) 2<sup>nd</sup> (if different)

.....	.....
.....	.....
.....	.....

3. ACCOMODATION: (please circle)

Owner Occupied/ Privately Rented /Council Rented /Housing Association Rented  
House / Flat / Basement / Ground floor / First floor / Lift access / Communal Garden

Number of Bedrooms: 1/ 2/ 3/ 4/ 5/ 6

Living Room: 1/ 2/ 3

Bathroom: 1/ 2/ 3

Toilets: 1/ 2/ 3

Access to wheelchair User: Yes / No;

Garden: Yes / No

Park nearby: Yes / No

4. MARITAL STATUS (please circle):

1st Applicant: Single/Married/Divorced/Separated/Widowed

2nd Applicant: Single/Married/Divorced/Separated/Widowed

5. Family Member: Please mention any birth children or otherwise with other aged relatives, lodgers etc, who you consider are a part of your household.

Name	Sex	D.O.B	Relationship to yourself
.....	M/F	.....	.....
.....	M/F	.....	.....
.....	M/F	.....	.....
.....	M/F	.....	.....

6. Birth children who live elsewhere (Boarding school, left home, married, working abroad etc)

Name	Sex	D.O.B	Relationship to yourself
.....	M/F	.....	.....
.....	M/F	.....	.....
.....	M/F	.....	.....
.....	M/F	.....	.....

7. Please say what space you have for a child/children. Does this entail sharing? If yes, with whom?

.....  
.....

8. Do you drive a car and hold a full UK Driving Licence? YES/NO

9. Do you have use of a car? YES/NO

10. Are you or anyone at your home registered disabled? YES/NO  
If YES please give details below:

.....  
.....  
.....

**Declaration/Authorisation**

I/we declare that to the best of my/our knowledge the information I/we have provided is correct and I/we give permission/authorisation to this agency to make any necessary enquiries to verify the information on this form and other checks, for Local Authority, CRB, GP, Education, Employer, Referees, NSPCC and any other checks in support and in connection with my/our application to foster.

1st Applicant's signature ..... Date: .....  
2nd Applicant's signature ..... Date: .....

Filename: REGISTRATION%20APPLICATION%20FORM[1].doc  
Directory: C:\Documents and Settings\steve\Local Settings\Temporary  
Internet Files\Content.IE5\2XCWBPQE  
Template: C:\Documents and Settings\steve\Application  
Data\Microsoft\Templates\Normal.dot  
Title: INDEPENDENT ASIAN FOSTERING BUREAU LTD  
Subject:  
Author: ia fb  
Keywords:  
Comments:  
Creation Date: 8/11/2010 1:53 PM  
Change Number: 3  
Last Saved On: 10/3/2010 1:20 PM  
Last Saved By: frances nutt  
Total Editing Time: 1 Minute  
Last Printed On: 10/3/2010 1:21 PM  
As of Last Complete Printing  
Number of Pages: 3  
Number of Words: 634 (approx.)  
Number of Characters: 4,010 (approx.)