



OZCHILD INFORMATION **PACK B**

# Foster Care

# Foster Care Email Enquiry Forms - Pack B

## **Registration of Interest /Request to postpone or cancel Foster Care Application**

**Name/s:**

**Address:**

**Telephone:**

*I /we have completed the attached paperwork and would like to be contacted by a worker to discuss attending an Information Night.*

*I / We will not be proceeding because:*

- Timing issues
- Not for our family
- Health reasons
- Looking for employment not voluntary
- Moving house
- Pregnant
- Process too involved
- Self-assessment tool guided decision

*Other, please give reason:* \_\_\_\_\_

***I/we are undecided and would like a worker to contact us to discuss further.***

***(Please return forms indicating your decision as this greatly assists us to process your enquiry in a timely fashion and prevents unwanted follow up if you have decided not to proceed)***

## Self-Assessment /Health Checklist Form

(Please complete for all members of the household over 18)

Applicants are assessed in detail as part of the accreditation process. There are some occasions when certain issues may have an impact upon whether applicants are accredited or not. Below is a checklist to help you determine the suitability of all members in the household (over the age of 18) to proceed to an **Information Session**. A member of the Recruitment Assessment and Training Team will discuss highlighted issues with you prior to proceeding to the next stage in the process.

Checklist:	Applicant 1		Applicant 2		Other	
	Name		Name		Name	
	Yes	No	Yes	No	Yes	No
Your police record/s are clear of any serious offences (i.e. sexual offences, offences involving violence)						
You are free from difficulties with drugs and/or alcohol						
Have you been investigated by the Department of Human Services?						
Have you had a child removed from your care by the Department of Human Services?						
You feel confident in caring for children and have time within your life to do so						
You have the capacity and time to supervise children appropriately						
You have a healthy, stable relationship with your partner and the relationship is of at least 2 years and 1 year of living together						
You support the use of alternative methods of discipline with children rather than physical punishment						
You recognize that all children are unique and have different social needs						
You are willing to support children and young people's educational and social needs						
You are committed to ongoing learning and can attend further training						
Do you smoke?						
You are prepared to provide a smoke free environment or as a smoker you are prepared not to smoke indoors or in a vehicle if a child is present.						

<b>Continued.....</b>	<b>Applicant 1</b>		<b>Applicant 2</b>		<b>Other</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<i>You reside in a safe home environment</i>						
<i>All family members are supportive of fostering and are willing to participate in all areas ranging from assessment to having a child in your care</i>						
<i>Fostering will not cause you financial stress, as reimbursements are allocated to cover basic living costs associated with caring for a child</i>						
<i>Are you prepared to work in an open manner with Oz Child, the Department of Human Services and other agencies?</i>						
<i>You have previously been involved in a domestic violence situation</i>						
<i>You have been a victim of abuse as a child or adult</i>						
<i>You have been involved in child protection as a client</i>						
<i>You or your partner have resided in out of home care</i>						
<i>You are currently undergoing fertility treatment or have done so in the past 6 months</i>						
<i>You are currently expecting a baby, planning for a baby or have an infant under 12 months in the household</i>						
<i>You have difficulty coping with stress or frustration</i>						
<i>You are still coping with the grief of losing a child or significant person in your life</i>						
<i>You have difficulty relating to people from different religious or cultural backgrounds</i>						
<i>You are a family day carer</i>						
<i>You have a temporary class of VISA</i>						

**Please Complete For All Members Of Your Household (Including Yourself):**

Name	D.O.B	M/F	Relationship To You

**Have you applied to any other agencies in relation to foster care, permanent care or adoption?  
If so please provide details:**

**What type of foster care are you interested in applying for, if known?**

- Short Term
- Long Term
- Respite
- Unsure

**Please specify the age range of the child/children you are interested in caring for aged between 0-18.**

**Do any of the applicants or children in the household have a current or past illness or physical condition? If so please provide details including who has the condition.**

**Do any of the applicants or children in the household have a current or past psychological or mental health condition? If so please provide details including who has the condition.**

**Have you or your children seen any specialists/counsellors within the past three years? If so please provide details:**

<b>Name Specialist</b>	<b>Reason</b>	<b>Contact Details</b>

**Do any of the applicants or children in the household have a current or past problem with drug or alcohol related issues? If so, please provide details including who has the condition.**

