

Registration of Interest in being a Foster Carer

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)

Please provide the following information. If you have a couple, details of both people must be provided

	Person 1	Person 2
Last name	<input type="text"/>	<input type="text"/>
First and middle name(s)	<input type="text"/>	<input type="text"/>
Home address	<input type="text"/>	
Contact phone numbers	<input type="text"/>	
Home:	<input type="text"/>	<input type="text"/>
Work:	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>

Please complete for all members of your household

(Include adults, young people and children regularly living in your home or residing on your property on a regular or frequent basis, including in a caravan, vehicle or any other structure)

Name (first, middle and last names)	Date of Birth	Male/Female	Relationship to Person 1	Relationship to Person 2
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		

What language(s) do you speak at home?

Are you of Aboriginal background?

(mark one) Yes No

Are you of Torres Strait Islander background?

(mark one) Yes No

Have you or any member of your household applied to, or been authorised to be a carer with any other agencies?

(mark one) Yes No

If yes, provide details of the name of the person (s) and the agency to which they applied or by which they were authorised.

What type of care are you interested in applying for? *(mark any you are interested in)*

- respite care
- emergency care
- interim/restoration care
- long-term fostering

fostering with a view to guardianship

How did you hear about Wandiyali?

Radio/TV	Social Media
Word of Mouth	Community
Other <i>Please advise</i>	

Signature of Applicant 1

Signature of Applicant 2

Date

Date

(on date)

Please return to:

Name of agency worker

Stephanie Smith - Carer Support Unit

Postal Address of agency worker

PO Box 2086
ELERMORE VALE NSW 2284

Email of agency worker

Steph@Wandiyali.com.au