

Foster Care REGISTRATION OF INTEREST FORM



Pathfinders Out of Home Carer Services
109 Jessie Street, Armidale NSW 2350
Free Call 1800 314 199 | fostering@pathfinders.ngo | www.pathfinders.ngo

Important Information

Prior to receiving approval as a carer, applicants are required to be involved in an assessment process that includes face-to-face sessions, group trainings, background checks, as well as a home safety check.

If you would like to take the next step towards becoming a foster carer, please complete this "Registration of Interest" form and applicant health checklist below and return to Pathfinders.

Once we have received your Registration of Interest form, we will be able to contact you to arrange an initial home visit. This visit allows us to meet, exchange information, and also allows you to ask any further questions you may have.

Home visits are an opportunity for us to complete a 'Home Safety Inspection Check' with you. This check highlights the suitability of your home environment and can suggest any small changes or modifications which may be required.

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 a home visit
- I/we have already arranged a home visit with your agency on _____ Date

PERSONAL INFORMATION

Your Name

Your Partners Name

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

Date of Birth Day Month Year

Gender Male Female

Residence Status Residence No-Residence

Marital Status Married Single Divorced Other's

Spouse Name No. of Children

Religion

Nationality

Present Address (Residence)

City State

Post Code Country

Email

I declare that the particulars stated in this application and documents attached are true and authentic.

Signature of the Applicant

Signature of the Applicant Partner

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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.

PERSONAL INFORMATION RESIDENT

Name

Date of Birth Day Month Year

Gender Male Female

Residence Status Residence No-Residence

Marital Status Married Single Divorced Other's

Relationship To You No. of Children

Relationship To Your Partner Nationality

PERSONAL INFORMATION RESIDENT

Name

Date of Birth Day Month Year

Gender Male Female

Residence Status Residence No-Residence

Marital Status Married Single Divorced Other's

Relationship To You No. of Children

Relationship To Your Partner Nationality

PERSONAL INFORMATION RESIDENT

Name

Date of Birth Day Month Year

Gender Male Female

Residence Status Residence No-Residence

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WHAT TYPE OF CARE ARE YOU INTERESTED IN APPLYING FOR? (mark any you are interested in)

- KINSHIP CARE** Kinship care refers to situations where children are cared for by people known to them. They may be family, family friends or community members such as teachers, police and other members of the community that have an existing relationship with the child or young person.
- EMERGENCY CARE** Kinship care refers to situations where children are cared for by people known to them. They may be family, family friends or community members such as teachers, police and other members of the community that have an existing relationship with the child or young person.
- RESTORATION CARE** Children may come into temporary care due to parental illness, crisis or family breakdown. The goal is often to restore these children to their families over a period of time.
- LONG-TERM CARE** Some children are placed in permanent care by the court, usually until the child reaches the age of 18. These children and young people require stable long-term placements to help them reach their full potential.
- HIGH NEEDS CARE** Some children or young people who come into care require a high level of support due to a range of issues. These children require dedicated carers who have no young children of their own.
- RESPIRE CARE** Caring for children can be challenging - respite care allows full-time carers to have a break. Providing respite care is a good way to experience fostering if you are not ready for a full-time commitment.
- FOSTERING WITH A VIEW TO GUARDIANSHIP** When a carer has had a child for more than two years and restoration with the birth parent/s has been ruled out, carers can apply for guardianship where they get parental responsibility for the child or young person. This means there are no more case work visits. Limited financial support is provided to guardians, including a fortnightly allowance and a financial package to meet identified expenses.
- FOSTERING WITH A VIEW TO ADOPTION** Carers can apply to adopt children in their long-term care if restoration has been ruled out and the placement is stable. Adoption is not supported for Aboriginal and Torres Strait Islander children and young people.

PLEASE RETURN FORM TO PATHFINDERS FOSTER CARE TEAM

PLEASE RETURN FORM TO PATHFINDERS FOSTER CARE TEAM BY POST AT:
PO BOX 1052 ARMIDALE, NSW 2350 OR EMAIL COMPLETE FORM TO:

FOSTERING@PATHFINDERS.NGO

PLEASE CONTACT OUR FOSTER CARE TEAM ON 1800 314 199
OR (02) 5775 9800 (ARMIDALE OFFICE) FOR FURTHER ENQUIRIES

Foster Care

Applicant Health Checklist



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Disclosure and Privacy Notice

Pathfinders is collecting the personal information on this form for the purpose of assessing the applicant for consideration to become an approved foster carer. Your personal information will be treated in accordance with the Privacy and Personal Information Protection Act 1998.

Note: **Each applicant is required to complete a separate Health Checklist**

PERSONAL INFORMATION

Your Full Name

Do you have any illness/es or physical condition/s? Yes No

If you have answered YES, please provide details of your illness or physical condition:

Do you have any psychological or mental health condition/s? Yes No

If you have answered YES, please provide details of your psychological or mental health conditions:

Have you seen any medical specialists in the past three years? Yes No

If you have answered YES, please provide details of the: name of specialist(s), type of specialist(s), and reason for seeing specialist(s):

Do you use any prescription medication(s)? Yes No

If YES, provide details for each medication used:

Name of medication and dosage

Length of use

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Do you smoke cigarettes or use a vape or an e-cigarette? Yes No

If YES, how frequently do you smoke or use a vape or an e-cigarette?

Do you drink alcohol? Yes No

If YES, how often do you consume alcohol?

Do you use non-prescription drugs (e.g. over the counter medication, illicit drugs)? Yes No

If YES, provide details of your use of non-prescription drugs

Name of drug and amount taken

Reason for use

Length of use

DECLARATION

I declare that the information provided by me on this above form is true and correct. I also confirm that, in the event of any information changing, I understand that it is my responsibility to notify the Pathfinders Foster Care team of these changes as soon as possible.

Note: **Each applicant is required to complete a separate Health Checklist**

I declare that the particulars stated in this application and documents attached are true and authentic.

Your Full Name

Date

Signature of the Applicant

PLEASE RETURN FORM TO PATHFINDERS FOSTER CARE TEAM

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Po Box 1052 Armidale, NSW 2350 or email complete form to:

FOSTERING@PATHFINDERS.NGO

Please contact our foster care team on 1800 314 199
Or (02) 5775 9800 (Armidale Office) for further enquiries