

Declaration and consent to contact others

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Name of applicant:

Current address:

Date of birth:

(all to be pre-populated on behalf of applicant)

Previous full addresses in the last five years including postcode (most recent first, excluding current address):

Address:

Resident from:

Address:

Resident from:

Address:

Resident from:

Address:

Resident from:

Address:

Resident from:

Please answer the following questions:

1. Has any child of yours ever been taken into care or looked after by a local authority?

Yes No

2. Has any child of yours ever been placed on a child protection or at risk register?

Yes No

3. Have you ever been approved as a foster carer?

Yes No

4. Have you ever had approval as a foster carer refused or taken away?

Yes No

If **yes** to any of the above, please provide details including dates and the local authority involved.

I confirm that the information provided above is correct and I agree to the Care Inspectorate contacting the relevant local authority social work services for the purposes of assessing my suitability to operate/manage the care service.

Signature of applicant:

Date: