

## Fostering Enquiry Form

Surname: ..... First Name: ..... DOB: .....

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**Other Family Members Who Live in Your Household (no children under 16 as per job description).**

Name	Gender	Date of Birth

Address: .....

Postcode: .....

Telephone: ..... Mobile: .....

Email: .....

Type of Accommodation & number of bedrooms: .....

Interest generated from: e.g. advertising, Facebook, radio, television etc .....

What type of fostering best suits your lifestyle - Respite, Specialist Short Breaks, Short Term, Long Term.

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.....

Signed: .....

Dated: .....

Signed: .....

Dated: .....

*Many thanks for your enquiry, we will be in touch as soon as possible to arrange a time to visit and discuss your enquiry further.*

Are you in agreement for us to check our records against your name(s)? Yes/No

Are you in agreement for this record to be stored on our database? Yes/No

**Please return to: Fostering & Adoption Jersey, Liberté House, 19-23 La Motte Street, St Helier, JE2 4SY in the SAE provided. Or email to [fosteringandadoption@health.gov.je](mailto:fosteringandadoption@health.gov.je)**