

**Application to be assessed as a Kinship Carer of a Looked After Child**

|  |  |  |
| --- | --- | --- |
|  | **1st applicant** | **2nd applicant** |
| Family name |  |  |
| Forename(s) |  |  |
| Date of birth |  |  |
| Ethnic origin |  |  |
| Preferred language |  |  |
| Religion |  |  |
| Telephone number |  |  |
| Mobile  |  |  |
| Address |  |  |
| Date you moved here |  |  |
| Current occupation |  |  |
| Date started |  |  |
| Current hours of work |  |  |

# Address

If you have not lived at your current address since age 18 years, please give previous addresses (continue on a separate piece of paper as necessary)

| **Address** | **From** | **To** | **Authority** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Who else lives in your household?

| **Family Name** | **Forename(s)** | **Sex** | **Date of birth** | **Relationship to applicant(s)** | **Current school or employment** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Have you ever applied to be a childminder or Foster carer? YES / NO**

|  |
| --- |
| **If Yes, please give details** |

**References –** Please provide details of two people who know you well and could give a reference about your care of children.

|  |  |
| --- | --- |
| Name | Name |
| Address | Address |
| Telephone Number | Telephone Number |
| Relationship to applicant | Relationship to applicant |

**General Practitioner**

|  | **1st applicant** | **2nd applicant** |
| --- | --- | --- |
| Name of General Practitioner |  |  |
| Address of GP practice |  |  |
| Telephone number |  |  |

Household finance - Has a benefit check been undertaken? Yes / No

Citizens Advice Bureaux can be contacted on 01343 550088

**Disclosure Scotland – Has a form been completed? Yes / No**

(One Disclosure Scotland Form for every person over the age of 16 in the household)

**Medical – Have forms been signed? Yes / No**

(one for each carer)

I certify that, to the best my knowledge, the details I have given in this application are correct. I understand that The Moray Council may seek verification of any of the facts supplied.

I understand that it is important not to withhold any information about factors that may influence my capacity to care for a child and to discuss any concerns I have during the assessment and to supply further details as necessary.

I give my consent to The Moray Council asking for information (written or verbal) from individuals, agencies (including other Local Authorities) or organisations in support of this application. This includes a written report from my registered medical practitioner about my health. I understand that I may not be entitled to see some of this information where it has been supplied confidentially.

I understand that any information supplied by me in respect of this application may be held and/or processed in a manual or electronic form and is subject to the Data Protection Act 1998 and other relevant statutes. I understand that any information supplied will form part of the agency’s case record in respect of my application.

I understand that this form is the property of The Moray Council. I agree not to copy this document (other than for my own personal records) or disclose its contents in full or in part, to any other person, agency or authority without The Moray Council’s permission.

|  |  |
| --- | --- |
| Name of first applicant | Name of second applicant |
| Signature | Signature |
| Date  | Date |