



APPLICATION FORM

1. IDENTIFICATION INFORMATION

1.1 Surname _____

1.2 Residential address _____

1.3 Postal address _____

1.4 Status of marriage

Married	
Divorced	
Single	
Living together	
Seperated	
Customary marriage	

1.5 Telephones

Home: _____

Husband/Partner Cellphone: _____

Work: _____

Wife/Partner Cellphone: _____

Work: _____

1.6 Husband/Partner

Full names: _____

Date of Birth: _____ Called name: _____

ID number: _____

1.7 Wife/Partner

Full names: _____

Date of Birth: _____ Called name: _____

ID number: _____ Previous surname: _____

1.8 Children

Called name	Surname	Birth date	Grade	Living with you?

2. PERSONAL INFORMATION

	HUSBAND/PARTNER	WIFE/PARTNER
Race		
Nationality		
Are you a resident of S.A. ?		
Highest standard passed		
Tertiary/other qualifications		
Home language		
Church affiliation		

2.1 Have you got a criminal record?

Husband/Partner Yes No

Wife/Partner Yes No

Explain _____

3. MARRIAGE INFORMATION

3.1 Is this your first marriage?

Husband/Partner Yes No

Wife/Partner Yes No

3.2 How many years have you been married? _____

3.3 Please describe your marriage: _____

Husband: _____

Wife: _____

4. PARTNERSHIP INFORMATION

4.1 If you live together, how long have you been in this relationship?

4.2 How committed are you towards your partner and how do you perceive your relationship?

5. BIOLOGICAL CHILDREN INFORMATION

5.1 If you have children, please describe the relationship between you as parents and your children.

5.2 Which values to you, are the most important to teach your children. _____

5.3 Did you discuss the matter of looking after crisis children with your own children? Yes No

How do they feel about caring for such children? _____

6. BACKGROUD INFORMATION

Please complete

	HUSBAND/PARTNER	WIFE/PARTNER
How many children were in your own family		
Where do you fit in the hierarchy?		
Summarize how you have been brought up?		
What methods did your parents use to punish you?		
How did you experience these methods		
Describe your parents relationship in their marriage		
Who was the authoritative figure in your house?		
Which customs and behavioral patterns from your childhood will you instill in your own family?		
How important was routine & punctuality in your home?		
How important was physical contact in your home & family. Lots of hugging & kissing, rather distant		
How much value did your parents attach to financial and material matters?		
Did your parents attend occasions together or did they go separately?		
What role did faith play in your home?		
How openly did your parents talk about sex and sexual education?		
Which qualities do you regard as positive from your father?		
Which qualities do you regard as positive from your mother?		
Name one aspect that you will attempt differently in the upbringing of your children		
Current communication & interaction with parents:very often/frequently; ongoing basis from time-to-time, rarely/never		

7. REFERENCES

7.1 Please give the name of a family member as a reference

Name and surname: _____

Residential address: _____

Telephone number: _____

Relationship: _____

7.2 Please give the information of your pastor / reverend / minister

Name and surname: _____

Name of congregation: _____

Telephone number: _____

Address of church/pastor: _____

7.3 Please give the name and info of a close friend

Name and surname: _____

Residential address: _____

Telephone number: _____

We hereby give permission that information from abovementioned persons can be obtained telephonically or personally to assist in the assessment of this application.

Date: _____

Husband/Partner: _____

Wife/Partner: _____

8. EMPLOYMENT HISTORY AND FINANCIAL POSITION

	HUSBAND/PARTNER	WIFE/PARTNER
Name of employer/company/ firm		
Position / Job Description		
Please give a brief description of the nature of your job.		
Please state your monthly income		
(Attach proof of income and employment)		
How long have you been employed with current firm?		
Pensioner	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Self Employed	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Foster Care Grant	Yes <input type="checkbox"/> No <input type="checkbox"/>	How much? <input type="text"/>
Disability Grant	Yes <input type="checkbox"/> No <input type="checkbox"/>	How much? <input type="text"/>

9. MEDICAL HISTORY

Due to the demands of looking after Place of Safety and Foster care children and the high importance of continuity in the life of a child, it is important to give a true reflection of your personal health and well-being.

Are you a registered member of a medical aid ?

Husband/Partner Yes No

Wife/Partner Yes No

Illness	HUSBAND/PARTNER	WIFE/PARTNER
Diabetes		
Cancer		
Epilepsy		
Depression		
Nervous disorder		
Do you smoke		
HIV Status		
Psychological Disorder		

10. SPIRITUAL MATTERS

10.1 Please describe your involvement with your church and the community?

Husband/Partner: _____

Wife/Partner: _____

11. HOUSING CIRCUMSTANCES

11.1 Do you own or rent current property?

OWN

RENT

11.2 How long are you living in this property?

11.3 What type of house are you living in?

House

Shack

RDP House

Flat

Townhouse

11.4 Please describe the atmosphere in your house & surroundings _____

11.5 Do you have support/help in taking care of children?

Yes

No

Explain: _____

11.6 Do you have a vehicle and how accessible is this transport in case of emergency?

12. BABY CARE DETAILS

Please indicate your preferences as a family:

	LENGTH OF STAY	PREFERENCE		REMARKS
Baby 0-3 months	Short term (+/- 0-6 months)	YES	NO	
	Long term Foster Care	YES	NO	
Baby 3-12 months	Short term (+/- 0-6 months)	YES	NO	
	Long term Foster Care	YES	NO	
Toddler 1-3 years	Short term (+/- 0-6 months)	YES	NO	
	Long term Foster Care	YES	NO	
Toddler 3-6 years	Short term (+/- 0-6 months)	YES	NO	
	Long term Foster Care	YES	NO	
* If need be would you consider permanent with view of adoption:		YES	NO	
Race of child	African	YES	NO	
	Coloured ; Indian ; Asian	YES	NO	
	White	YES	NO	

DESCRIPTION	PREFERENCE		REMARKS
Baby/child with health problems <i>If yes - how much are you prepared to spend p.m.</i>	YES	NO	
Sexually molested child / baby	YES	NO	
Child / baby with physical disabilities	YES	NO	
HIV positive child / baby	YES	NO	
HIV Elisa positive baby (before PCR has been done) which is healthy and with normal birthweight	YES	NO	
One baby at a time	YES	NO	
Two babies at a time	YES	NO	
More than 2 babies at a time	YES	NO	

12.1 How soon will you be ready for a child to be placed in your care?

12.2 Have you been involved previously / currently with another organisation as

Foster parents / Place of safety parents?

YES	NO
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IF YES:

Name of organisation: _____

Name of Social worker: _____

Telephone nr. of organisation: _____

Please describe the services you rendered, the period of time involved as well as experience gained: _____

Please indicate if there is anything you want to bring to our attention or discuss:

WE HEREBY DECLARE THAT ALL INFORMATION GIVEN ARE TRUE AND CORRECT

Signed at _____ on this _____ day of _____.

HUSBAND/PARTNER

WIFE/PARTNER