| APPLICANT 1 | |
| --- | --- |
| Full name |  |
| Date of birth |  |
| Previous name(s) |  |

| APPLICANT 2 | |
| --- | --- |
| Full name |  |
| Date of birth |  |
| Previous name(s) |  |

| CHILDREN (UNDER 18) | |
| --- | --- |
| Full name | Date of birth |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| CURRENT ADDRESS | |
|  | |
| DATE FROM |  |

| *Please use a separate sheet to provide previous addresses with dates the applicant lived at them. Note: the fostering service or adoption agency is permitted to amend this box to specify how far back the applicant is required to go with previous addresses in order to comply with their policy.* |
| --- |

| APPLICANT CONSENT |
| --- |
| * I consent to [INSERT NAME]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ fostering service/adoption agency making written and/or verbal checks with the organisations and individuals indicated below * I consent to my email address being used for the purposes of undertaking a DBS check * I consent for checks to be made on my children with these organisations and individuals as appropriate. * I have consulted with and sought the views of my children according to age and understanding, and they have no objection to these checks being undertaken. |

* DBS check (Disclosure and Barring Service)
* Local authority for current address
* Local authority for previous addresses
* Police service/state embassy for another country where lived
* Current employer (including voluntary positions)
* Previous employers (including voluntary positions)
* Previous fostering services or adoption agencies
* Schools and colleges currently attended by my/our children
* Health visitors currently allocated to my/our children
* Ofsted/Education Scotland/Education Authority Northern Ireland
* Personal referees (as listed in my/our application form)
* Children, including adult children
* Former partners

|  |  |
| --- | --- |
| Name |  |
| Email address |  |
| Signature |  |
| Date |  |

|  |  |
| --- | --- |
| Name |  |
| Email address |  |
| Signature |  |
| Date |  |

OTHER ADULT CONSENT

| CONSENT |
| --- |
| * I consent to a DBS check and/or local authority check being undertaken using my name. * I consent to my email address being used for the purposes of undertaking a DBS check. |

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Email address |  |
| Signature |  |
| Date |  |

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Email address |  |
| Signature |  |
| Date |  |

| *Please use a separate sheet to provide previous addresses with dates the applicant lived at them. Note: the fostering service or adoption agency is permitted to amend this box to specify how far back the applicant is required to go with previous addresses in order to comply with their policy.* |
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