

APPLICATION FORM

**To be submitted by foster parents in response to the advertisement given by
DCPU or an Agency permitted by DCPU**

(Photograph
of both the Applicant)

Agency /DCPU Details :

Name of the Agency/DCPU

Address

Telephone

Fax

E-mail

Date (Form Submitted)

B. Details of the Applicant

	Care giver/parent -1	Care giver/parent -2
Name		
Date of Birth		
Age		
Educational status		
Marital status		

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Nationality		
Religion		
Adhar card no.		
Occupation		

- Address and contact details
- Number of biological children
- Annual income
- Mother Tongue
- Other language known

C. Preference of child to be taken in Foster Care

a) Age Group

i) 6-9 years ii) 10-12 years iii) 13-18

b) Any other preferences :

(Gender, Religion, Disability.)

c) Type of placement

i) Short term

ii) Long term

D. Reasons to be wanting to foster care :

E. We have the consent of all family members including children for fostering a child.

Yes

No

E. We agree to participate in all training programmes organized by the Government/ agency?

Yes

No

F. We agree to facilitate the monitoring visit of the CPO/Social Worker to our home and make all our family members available for the meetings?

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Yes

No

26. Details of Two references:

Declaration

We _____ hereby declare that the particulars furnished by us in this application form are true to the best of our knowledge and belief. In case any information is found to be incorrect, our application shall liable to be rejected.

Date:

Name &

Place:

Signatures of both the Spouses