



# Application form

Expression of interest			
Applicant 1 - Name	Age	Gender	
Applicant 2 - Name	Age	Gender	
Address including postcode			
Telephone - Daytime:	Evening:	Mobile:	
Preferred time to call:			
<input type="checkbox"/> 9-1pm <input type="checkbox"/> 1-5pm <input type="checkbox"/> Other (specify)			
Email address:			
Ethnicity:			
Where did you hear about EFC?			
<input type="checkbox"/> Advert <input type="checkbox"/> Leaflet <input type="checkbox"/> Search engine <input type="checkbox"/> Website <input type="checkbox"/> Recommendation <input type="checkbox"/> Event (specify)			
Tell us about other adults and children in your household:			
Name	Age	Gender	Relationship to you
Do you have a spare bedroom at home?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you drive and have access to a car?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
What aged children were you thinking about caring for?			
<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-9 <input type="checkbox"/> 9-14 <input type="checkbox"/> 14+			
Have you ever fostered before? If so when and for who?			
Does the family have any pets? If so please detail below:			
Are there any smokers in the household?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Any health issues we should be aware of:			
Any criminal convictions:			

**Email:** [hello@enhancedfostercare.co.uk](mailto:hello@enhancedfostercare.co.uk)  
 and a member of the team will call you  
 back in two to three working days.

