

Annex 35: Foster Parents Application Form

Name of applicant (Father)	
Age	
Legal status	<input type="checkbox"/> Refugee <input type="checkbox"/> Asylum seeker <input type="checkbox"/> Undocumented
UNHCR card no./ Community card no.	
Telephone contact no.	
Ethnicity	
Religion	
Employment status	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker
Place of work (if applicable)	
Type of work (if applicable)	
Average monthly income	
Languages spoken	
Years in Malaysia	

Name of applicant (Mother)	
Age	
Legal status	<input type="checkbox"/> Refugee <input type="checkbox"/> Asylum seeker <input type="checkbox"/> Undocumented
UNHCR card no./ Community card no.	
Telephone contact no.	
Ethnicity	
Religion	
Employment status	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker
Place of work (if applicable)	
Type of work (if applicable)	
Average monthly income	
Languages spoken	
Years in Malaysia	

Household Members (Please include every person living in the home.)

No.	Name	Age	Relationship	Legal status	Employment status*

* Employed/Self-employed/Unemployed/Homemaker

House Details

Current address	
Type of house	
No. of years in the house	
Type of tenure	<input type="checkbox"/> Main tenant <input type="checkbox"/> Subtenant <input type="checkbox"/> Owner <input type="checkbox"/> Rent free
Rental per month (if applicable)	
No. of bedrooms	
No. of bathrooms/toilets	
Kitchen facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No

Health Status

Do you or any person in your household suffer from any known physical or mental illness? **(Yes/No)**

If yes, please indicate in the table below:

No.	Name	Type of illness	Duration (years)	Treatment

Criminal Record Check

1. Have you or your spouse been investigated for a crime in any country?

☐Yes ☐No

If yes, provide details: _____

2. Have any members in your household been convicted or charged for a crime in any country?

☐Yes ☐No ☐Not sure

If yes, provide details: _____

3. Have you or your spouse been accused, or investigated for any violence against a child (abuse, neglect, maltreatment, exploitation)?

☐Yes ☐No

If yes, provide details: _____

4. Have any members in your household been accused, or investigated for any violence against a child (abuse, neglect, maltreatment, exploitation)?

☐Yes ☐No ☐Not sure

If yes, provide details: _____

Motivation

Please tell us why you would like to foster a child:

References

Please list two referees who know you well enough to be able to recommend you for the programme. The referee must not be a family relation.

Name:

Address:

Telephone no.:

Email:

Occupation:

Organization affiliated with:

Name:

Address:

Telephone no.:

Email:

Occupation:

Organization affiliated with:

Declaration

I/We declare:

1. I/We declare that the information given in this application is accurate and true to the best of my/our knowledge.
2. I/We understand that any incorrect or false information provided may disqualify this application from being considered.
3. I/We understand that information provided in this form will be kept confidential by the Foster Care Agency. However, I/we understand that the Foster Care Agency is unable to ensure confidentiality of information shared with the community representative that has assisted in the completion of this application.
4. I/We consent to the Foster Care Agency carrying out background checks and any other checks deemed necessary based on the information provided in this application form.
5. I/We consent to the Foster Care Agency contacting the references named on this application form.

Signature of Applicant 1 :

Signature of Applicant 2:

Date :

Date :

Did you have assistance filling in this form? ☐Yes ☐No

If yes, please provide the following details:

Name (of the person who assisted):

Signature:

Telephone contact no.:

Date:

For Office Use

Date received:

Received by:

Name of assigned Foster Parents Support Worker: