



**MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT
CHILDREN IN CARE SERVICE
FOSTERING SERVICES**

APPLICATION FORM FOR THE FOSTERING SCHEME

1 PERSONAL PARTICULARS (FEMALE APPLICANT)

Full name (Block Letters)	Telephone no. Home: Office:	Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Others, please specify:
NRIC:	Hp:	
Date of Birth (Age):		

Home Address	Email Address
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Religion <input type="checkbox"/> Christianity <input type="checkbox"/> Islam <input type="checkbox"/> Buddhism <input type="checkbox"/> Taoism <input type="checkbox"/> Hinduism <input type="checkbox"/> Others, please specify:	Ethnic Group <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Eurasian <input type="checkbox"/> Others, please specify	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
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Highest Educational Level <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Post-Secondary <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Post graduate diploma <input type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Others, please specify:	Language Mandarin: Spoken / Written Malay: Spoken / Written Tamil: Spoken / Written English: Spoken / Written	Employment status: <input type="checkbox"/> Unemployed <input type="checkbox"/> Self employed <input type="checkbox"/> Employed Occupation: Name of org:
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2 PERSONAL PARTICULARS (MALE APPLICANT)

Full name (Block Letters)	Telephone no. Home: Office:	Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Others, please specify:
NRIC:	Hp:	
Date of Birth (Age):		

Home Address (As indicated above <input type="checkbox"/>)	Email Address
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Religion <input type="checkbox"/> Christianity <input type="checkbox"/> Islam <input type="checkbox"/> Buddhism <input type="checkbox"/> Taoism <input type="checkbox"/> Hinduism <input type="checkbox"/> Others, please specify:		Ethnic Group <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Eurasian <input type="checkbox"/> Others, please specify		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	
Highest Educational Level <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Post-Secondary <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Post graduate diploma <input type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Others, please specify:		Language Mandarin: Spoken / Written Malay: Spoken / Written Tamil: Spoken / Written English: Spoken / Written Others , please specify:		Employment status: <input type="checkbox"/> Unemployed <input type="checkbox"/> Self employed <input type="checkbox"/> Employed Occupation: Name of org:	
3 INFORMATION ON CHILDREN OF APPLICANTS LIVING IN THE SAME HOUSEHOLD					
Name (as per NRIC/ Birth cert)	Sex	BC/IC No.	Age	School / Occupation	Any medical conditions (Pls specify level of care required)
	F / M				
	F / M				
	F / M				
	F / M				
4 INFORMATION ON OTHER MEMBERS IN THE HOUSEHOLD (Including tenants)					
Name (as per NRIC/ Birth cert)	Sex	BC/IC No.	Age	Occupation	Relationship to applicants
	F / M				
	F / M				
	F / M				
5 PREFERRED FOSTER CHILD (You may tick more than one box)					
Age	Under 1 year old	1 to 3 year old	4 years – 6 years old	7 years – 12 years	13 years and above
Male					
Female					
Are you open to caring for a child with special needs?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other remarks					

4	EXPERIENCE IN CARING FOR CHILDREN	
<p>Do you have any experience in working with or caring for children? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please elaborate:</p>		
5	HOME CONDITION	
<p>Housing type:</p> <input type="checkbox"/> 1 room HDB <input type="checkbox"/> 3 room HDB <input type="checkbox"/> 4 room HDB <input type="checkbox"/> 5 room HDB <input type="checkbox"/> Executive Condo <input type="checkbox"/> Private Condo <input type="checkbox"/> Landed property <input type="checkbox"/> Others, please specify:	<input type="checkbox"/> Rented <input type="checkbox"/> Purchased	<p>Is your home fixed with window grilles for all windows and balconies?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
		<p>If No, are you prepared to install window grilles for all your windows and balconies? (mandatory for foster children between 1 to 12 years old)</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
6	HOUSEHOLD INCOME	
Monthly household income		
7	OTHER MATTERS	
<p>How did you find out about the Fostering Scheme? (please tick where applicable)</p> <input type="checkbox"/> Mainstream and social media: News articles / Radio / Television / Website <input type="checkbox"/> Community agencies: VWOs or NGOs / Govt ministries or statutory boards / Corporations / Healthcare agencies / Religious organisations / Other organisations, please specify: <input type="checkbox"/> Ministry's road show / event at: _____ Date of event: _____ <input type="checkbox"/> Referred by foster parent. Name of foster parent: _____ <input type="checkbox"/> Referred by non – foster parent. (Please indicate relationship with referee) <input type="checkbox"/> Knew of the Foster Scheme previously		
What inspired you to be a foster parent?		