

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

APPLICATION FORM FOR THE FOSTERING SCHEME						
1 PERSONAL PARTICULARS (FEM	AL	E APPLICAN	NT)			
Full name (Block Letters) NRIC: Date of Birth (Age):	Te Ho	lephone no. ome: fice:		Nationality ☐ Singaporean ☐ Permanent R ☐ Others, pleas		
Home Address			Email Addr	ess		
		Ett. i o				
Religion ☐ Christianity ☐ Islam ☐ Buddhism ☐ Taoism ☐ Hinduism ☐ Others, please specify:		Ethnic Gro Chinese Malay Indian Eurasian Others, p	up lease specify	,	Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed	
Highest Educational Level ☐ Primary ☐ Secondary ☐ Post-Secondary ☐ Diploma ☐ Degree		Malay:	Spoken / Writ Spoken / Writ Spoken / Writ	ten	Employment status: ☐ Unemployed ☐ Self employed ☐ Employed Occupation:	
 □ Post graduate diploma □ Masters □ PhD □ Others, please specify: 		English:	Spoken / Writ	tten	Name of org:	
2 PERSONAL PARTICULARS (MALE APPLICANT)						
Full name (Block Letters) NRIC: Date of Birth (Age):	Te Ho	lephone no. ome: fice:		□ S □ P	onality ingaporean ermanent Resident others, please specify:	
Home Address (As indicated above □)			Email Ad	dress	; ;	

Religion					Etl	hnic Group		Mari	tal Status
☐ Christiani	itv					Chinese		□ Si	nale
□ Islam									
						☐ Married☐ Divorced			
□ Buddhisn	n				1	Indian		□ Di	vorcea
☐ Taoism						Eurasian			
☐ Hinduism	1					Others, pleas	e specify		
□ Others, p	lease :	specify:				•			
,		-							
I II all a a C E ala								—	
Highest Edu	ucatio	nai Leve	I		Language			Employment status:	
□ Primary					Mandarin: Spoken / Written				nemployed
☐ Seconda	ry				Malay: Spoken / Written			□ Se	elf employed
☐ Post-Sec	ondar\	/			Ta	Tamil: Spoken / Written			mployed
□ Diploma		•			Fn		ken / Written		upation:
□ Degree						gilorii. Opol	NOTITY VVIIICOTT	0000	apation.
	J 4	l:l.aa					.,		
□ Post grad	iuate c	iipioma			Oti	hers , please	specity:		
☐ Masters								Nam	e of org:
□ PhD									•
☐ Others, p	lease :	specify:							
		-1 7							
3 INF	OPMA	TION ON	I CHII DRE	N OF /	\DDI	I ICANTS I IV	ING IN THE S	AME	HOUSEHOLD
			BC/IC No.						
Name (as p		Sex	BC/IC NO.	Age	•	School / Oc	cupation		medical
NRIC/ Birth	cert)								ditions (Pls
								spec	cify level of care
								requ	ired)
		F/M							,
		. ,							
		E / N 4							
		F/M							
		F/M							
		' ' ' ' ' '							
		E / N 4							
		F/M							
4 INFORMATION ON OTHER MEMBERS IN THE HOUSEHOLD (Including tenants)									
Name (as p	er	Sex	BC/IC No.	Age)	Occupation	1	Rela	tionship to
NRIC/ Birth						•			icants
Turkio, Birtir	00.1,	F/M						чрр.	- Tourito
		1 / 101							
		F/M							
		F/M							
		F / IVI							
5 PR	EFER	RED FOS	STER CHIL	D (Υοι	ı ma	y tick more t	han one box		
Age	Unde	er 1 year	1 to 3 y	ear	4 1	years – 6	7 years -	12	13 years and
	old	•	old			ars old	years		above
Male					1,0		755		
, maio									
Female									
Are you open to caring for a child with special needs?									
Ale you ope	511 tO C	aring 10	a ciliu Wi	ııı əpe	ciai	necus :	□ 1 C S	, ப	110
		ı							
Other remarks									

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4 EXPERIENCE IN	CARING FOR CHIDLREN					
Do you have any experien						
Do you have any expenses.	ioo iii iio iiiiiig iiiiii oi oal	g				
Please elaborate:						
5 HOME CONDITION						
Housing type: ☐ 1 room HDB ☐ 3 room HDB ☐ 4 room HDB	☐ Rented☐ Purchased	Is your home fixed with window grilles for all windows and balconies? ☐ Yes ☐ No				
 □ 5 room HDB □ Executive Condo □ Private Condo □ Landed property □ Others, please specify: 		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)				
		□ Yes □ No				
6 HOUSEHOLD INC	OME					
Monthly household income						
7 OTHER MATTERS	S					
How did you find out abou	ut the Fostering Scheme?	? (please tick where applicable)				
☐ Mainstream and social media: News articles / Radio / Television / Website						
□ Community agencies: VWOs or NGOs / Govt ministries or statutory boards / Corporations / Healthcare agencies / Religious organisations / Other organisations, please specify:						
☐ Ministry's road show / event at: Date of event:						
☐ Referred by foster parent. Name of foster parent:						
☐ Referred by non – foster parent. (Please indicate relationship with referee)						
☐ Knew of the Foster Scheme previously						
What inspired you to be a foster parent?						