



**BOYS' TOWN FOSTERING SERVICES**

**APPLICATION FORM FOR FOSTER PARENTS**

**1 PERSONAL PARTICULARS (FEMALE APPLICANT)**

<b>Full Name (Block Letters):</b>		<b>Contact Number(s):</b> Home:  Office:  Hp:	<b>Citizenship:</b> <input type="checkbox"/> Singapore <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Others, please specify: _____
<b>NRIC/FIN:</b>			
<b>Date of Birth:</b>	<b>Age:</b>		

<b>Home Address:</b>	<b>Email Address:</b>
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<b>Ethnic Group:</b> <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Eurasian <input type="checkbox"/> Others, please specify: _____	<b>Religion:</b> <input type="checkbox"/> Christianity <input type="checkbox"/> Catholicism <input type="checkbox"/> Islam <input type="checkbox"/> Buddhism <input type="checkbox"/> Taoism <input type="checkbox"/> Hinduism <input type="checkbox"/> Others, please specify: _____	<b>Monthly Income (\$):</b> <input type="checkbox"/> <2,000 <input type="checkbox"/> 2,000 to 4,000 <input type="checkbox"/> 4,000 to 6,000 <input type="checkbox"/> 6,000-8,000 <input type="checkbox"/> >8,000 <input type="checkbox"/> Not Applicable	<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Others, please specify: _____
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<b>Highest Educational Level:</b> <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: _____	<b>Language:</b> Mandarin: Spoken / Written  Malay: Spoken / Written  Tamil: Spoken / Written  English: Spoken / Written  Others, please specify: _____	<b>Employment Status:</b> <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed <input type="checkbox"/> Employed <input type="checkbox"/> Retired  Occupation: _____  Name of organisation: _____
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2		PERSONAL PARTICULARS (MALE APPLICANT)	
<b>Full name (Block Letters):</b>		<b>Contact Number(s):</b> Home:  Office:  Hp:	<b>Citizenship</b> <input type="checkbox"/> Singapore <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Others, please specify: _____
<b>NRIC/FIN:</b>			
<b>Date of Birth:</b>	<b>Age:</b>		
<b>Home Address:</b> (As indicated above <input type="checkbox"/> )		<b>Email Address:</b>	
<b>Ethnic Group:</b> <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Eurasian <input type="checkbox"/> Others, please specify: _____	<b>Religion:</b> <input type="checkbox"/> Christianity <input type="checkbox"/> Catholicism <input type="checkbox"/> Islam <input type="checkbox"/> Buddhism <input type="checkbox"/> Taoism <input type="checkbox"/> Hinduism <input type="checkbox"/> Others, please specify: _____	<b>Monthly Income (\$):</b> <input type="checkbox"/> <2,000 <input type="checkbox"/> 2,000 to 4,000 <input type="checkbox"/> 4,000 to 6,000 <input type="checkbox"/> 6,000-8,000 <input type="checkbox"/> >8,000 <input type="checkbox"/> Not Applicable	<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Others, please specify: _____
<b>Highest Educational Level:</b> <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: _____		<b>Language:</b> Mandarin: Spoken / Written  Malay: Spoken / Written  Tamil: Spoken / Written  English: Spoken / Written  Others, please specify: _____	
		<b>Employment status:</b> <input type="checkbox"/> Unemployed <input type="checkbox"/> Self employed <input type="checkbox"/> Employed <input type="checkbox"/> Retired  Occupation: _____  Name of organisation: _____	

3 INFORMATION ON CHILDREN OF APPLICANTS LIVING IN THE SAME HOUSEHOLD						
Name (as per NRIC/ Birth Certificate)	Sex	ID Number	Age	Name of School / Occupation	Any medical conditions? (Pls specify level of care required)	
	F / M					
	F / M					
	F / M					
4 INFORMATION ON OTHER MEMBERS IN THE HOUSEHOLD (Including extended family members, relatives, tenants and domestic helpers)						
Name (as per NRIC/ Birth Certificate)	Sex	ID Number	Age	Name of School/ 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	1 year – 3 years	4 years – 6 years	7 years – 12 years	13 years and above	
Male						
Female						
Are you open to caring for a child with special needs? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Other remarks						
6 EXPERIENCE IN CARING FOR CHILDREN						
Do you have any experience in working with or caring for children? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Please elaborate:						
7 HOUSING						
<b>Housing type:</b> <input type="checkbox"/> 1 room HDB <input type="checkbox"/> 2 room HDB <input type="checkbox"/> 3 room HDB <input type="checkbox"/> 4 room HDB <input type="checkbox"/> 5 room HDB <input type="checkbox"/> Executive/Private Condo <input type="checkbox"/> Landed property <input type="checkbox"/> Others, please specify: _____  <b>Number of bedrooms:</b> _____		<b>Ownership Status:</b> <input type="checkbox"/> Rented <input type="checkbox"/> Purchased <input type="checkbox"/> Others, please specify: _____		Is your home fixed with window grilles for all windows and balconies? <input type="checkbox"/> Yes <input type="checkbox"/> No  If No, are you prepared to install window grilles for all your windows and balconies? <input type="checkbox"/> Yes <input type="checkbox"/> No  *Kindly note that window grilles are mandatory for foster children aged 1 – 12 years old.		

**8 HOUSEHOLD INCOME**

**Combined nett monthly household income (S\$):**

**9 OTHER MATTERS**

**How did you find out about the Fostering Scheme? (You may tick more than one)**

- Fostering Agencies
  - Epworth Foster Care (Epworth Community Services)
  - Boys' Town Fostering Services (Boys' Town)
  - PPIS Oasis (Persatuan Pemuda Islam Singapura)
  - Gracehaven Fostering (The Salvation Army (Singapore))
  - Projek Sinar Ihsan (Muhammadiyah Association)

- Mass Media
  - News articles      Please specify: \_\_\_\_\_
  - Radio                      Please specify: \_\_\_\_\_
  - Television              Please specify: \_\_\_\_\_
  - Website                      Please specify: \_\_\_\_\_

Community agencies (e.g. SSAs, NGOs, Government Ministries, Healthcare Agencies, Religious Organisations etc):

Please specify: \_\_\_\_\_

Fostering road show / event

Venue: \_\_\_\_\_

Date: \_\_\_\_\_

Referred by foster parent

Name of foster parent: \_\_\_\_\_

Referred by non – foster parent (Please indicate your relationship with referee)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Other channels

Is there any other information that you would like to share with us?

\_\_\_\_\_

\_\_\_\_\_

**What inspired you to be a foster parent?**

- To have companionship for our children
- We love children and want to help vulnerable children
- As a form of community service
- Others, please specify: \_\_\_\_\_

**Self-Declaration Form**

*Please note that this segment must be filled up and duly signed by the respective applicants.  
Please answer the following questions by ticking "Yes" or "No" as appropriate.*

<b>Female Applicant</b>			
<b>HAVE YOU OR ANY OF YOUR HOUSEHOLD MEMBERS:</b>		<b>Yes</b>	<b>No</b>
1	<p><b>Have you been involved in any court proceedings within Singapore or any other court of law outside of Singapore?</b></p> <p>If yes, please specify: _____</p>		
2	<p><b>Do you have any criminal record in Singapore or overseas?</b></p> <p>If yes, please specify: _____</p>		
3	<p><b>Have you been declared financially embarrassed or a bankrupt within the last 10 years?</b></p> <p>If yes, please specify: _____</p>		
4	<p><b>Are you currently under investigation by the Police or any other law enforcement agency in Singapore or overseas?</b></p> <p>If yes, please specify: _____</p>		
5	<p><b>Have you had any disciplinary proceedings initiated against you by any organisation or professional bodies?</b></p> <p>If yes, please specify: _____</p>		
6	<p><b>Do you have any substance dependence issues (i.e. dependence on alcohol, drugs, etc.), excluding prescriptions by medical professional?</b></p> <p>If yes, please specify: _____</p>		
7	<p><b>Have you ever suffered, or are suffering from any medical condition, illness, or disease?</b></p> <p>If yes, please specify: _____</p>		
<p><input type="checkbox"/> <b>I understand that MSF and MSF-appointed agencies require our personal information for the purpose of assessing our application for the MSF Fostering Scheme. We understand that this information will not be shared with other agencies or organisations.</b></p>			

- I confirm that the information provided by me in this application is true and complete to the best of my knowledge. I understand that any false statements or omission of facts may be cause for my termination of volunteer services. I give authorisation to Rehabilitation and Protection Group of the Ministry of Social and Family Development (MSF) to conduct reference checks into my background, and understand that this is part of the requirement prior to becoming Foster Parents.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***The Personal Data Protection Act (PDPA) protects your personal data while enabling organisations to use your data reasonably to serve you. We, as a government institution, respect and keep your data safe by limiting access to authorised personnel and using it for the sole purpose of publicity and recruitment of foster parents under the MSF Fostering Scheme.***

<b>Male Applicant</b>			
<b>HAVE YOU OR ANY OF YOUR HOUSEHOLD MEMBERS:</b>		<b>Yes</b>	<b>No</b>
1	<p><b>Have you been involved in any court proceedings within Singapore or any other court of law outside of Singapore?</b></p> <p>If yes, please specify: _____</p>		
2	<p><b>Do you have any criminal record in Singapore or overseas?</b></p> <p>If yes, please specify: _____</p>		
3	<p><b>Have you been declared financially embarrassed or a bankrupt within the last 10 years?</b></p> <p>If yes, please specify: _____</p>		
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7	<p><b>Have you ever suffered, or are suffering from any medical condition, illness, or disease?</b></p> <p>If yes, please specify: _____</p>		
<p><input type="checkbox"/> I understand that MSF and MSF-appointed agencies require our personal information for the purpose of assessing our application for the MSF Fostering Scheme. I understand that this information will not be shared with other agencies or organisations.</p>			

- I confirm that the information provided by me in this application is true and complete to the best of my knowledge. I understand that any false statements or omission of facts may be cause for my termination of volunteer services. I give authorisation to Rehabilitation and Protection Group of the Ministry of Social and Family Development (MSF) to conduct reference checks into my background, and understand that this is part of the requirement prior to becoming Foster Parents.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***The Personal Data Protection Act (PDPA) protects your personal data while enabling organisations to use your data reasonably to serve you. We, as a government institution, respect and keep your data safe by limiting access to authorised personnel and using it for the sole purpose of publicity and recruitment of foster parents under the MSF Fostering Scheme.***



**Character Referees for Application to be Foster Parents**

***Referees should not be members of the family. They should be above 25 years old and have known the Applicant for at least 3 years***

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**Referee 1**

Name: \_\_\_\_\_ NRIC: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact number(s): \_\_\_\_\_ Occupation: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ No. of years having known Applicant: \_\_\_\_\_

**Referee 2**

Name: \_\_\_\_\_ NRIC: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact number(s): \_\_\_\_\_ Occupation: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ No. of years having known Applicant: \_\_\_\_\_

**Name of Applicant** : \_\_\_\_\_

**NRIC No.** : \_\_\_\_\_

**Applicant's signature** : \_\_\_\_\_

**Date** : \_\_\_\_\_