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VERSION 1.1



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## Dear Prospective Foster Parents and Temporary Safe Care Parents

Thank you for answering the call to foster or take a child in temporary safe care. We are very pleased that you are interested in working with us.

There is no doubt that fostering a child or taking a child into temporary safe care is very challenging. There is a lot you will have to do to get ready for this challenge. But there are many rewards that will come as result.

For starters you will have to complete the attached Application Form and Form 30,

You may wonder why there is so much information to gather and questions to be asked in this process. It is because the organisation is required by the Children's Act 38 of 2005 as amended, to insure that foster children and children in temporary safe care, are well cared for in their new homes.

Be assured of our assistance during this process. For example there will be an information session as well as training sessions.

Please feel free to contact me if you require more information or if you have any difficulty in completing the forms.

Kindly attach certified copies of your ID'S and marriage certificate.

After receiving the completed forms we will contact you and explain the process that will follow.

Hope to hear from you soon

.....  
SOCIAL WORKER

## APPLICATION FORM TO TAKE CHILD/REN INTO FOSTER CARE OR TEMPORARY SAFE CARE

### 1. GENERAL PARTICULARS

CAREGIVER 1		CAREGIVER 2
	Surname	
	Full Names	
	Residential Address	
	Identification Number	
	Nationality	
	Home Language	
	Religious Affiliation	
	Marital Status	
	Contact Nr - home	
	Contact Nr - work	
	Cell phone Nr	
	Fax Nr	
	E- Mail address (1)	
	E- Mail address (2)	

### 2. OTHER PERSONS WHO MAY BE CONTACTED WHO ARE NOT RESIDING WITH YOU

Name and Surname:	
Residential Address:	
Telephone No - Home:	
Telephone No - Work:	Cell No:

### 3. EDUCATIONAL INFORMATION

HUSBAND		WIFE
	Highest Grade Passed	
	Other Qualifications	
	Current Employment/Profession	
	Name of Business/Employer	
	Employer Address	
	Employer Contact Number	

#### 4. MARITAL STATUS

	Marital Status	
	Date of Marriage	
	Nr of Previous Marriages	
	Nr of Children Born from Previous Marriages	
	Nr of Children Born from current Marriage	

#### 5. OWN CHILDREN FROM CURRENT MARRIAGE AND PREVIOUS MARRIAGES RESIDING WITH YOU

##### Child 1

Name & Surname:	School/Crèche:
Gender:	Grade:
Date of Birth:	

##### Child 2

Name & Surname:	School/Crèche:
Gender:	Grade:
Date of Birth:	

##### Child 3

Name & Surname:	School/Crèche:
Gender:	Grade:
Date of Birth:	

#### 6. NAMES OF FOSTER- AND TEMPORARY SAFE CARE CHILDREN CURRENTLY IN YOUR CARE OR OTHER CHILD/REN IN YOUR CARE WHO YOU WISH TO TAKE INTO FOSTER CARE

##### Child 1

Name and Surname:	School:
Gender:	Grade:
School/Crèche:	Responsible Social Worker and Organization involved:

##### Child 2

Name and Surname:	School:
Gender:	Grade:
School/Crèche:	Responsible Social Worker and Organization involved:

##### Child 3

Name and Surname:	School:
Gender:	Grade:
School/Crèche:	Responsible Social Worker and Organization involved:

**7. AGE AND GENDER OF CHILD/CHILDREN YOU WISH TO FOSTER OR TAKE INTO TEMPORARY SAFE CARE WHO IS/ARE CURRENTLY NOT IN YOUR CARE.**

AGE GROUP	YES/NO	GENDER
Newborn – 6 months		
7 – 12 months		
1-2 years		
3 – 6 years		
7-10 years		
11- 15 years		
15 - years		
Other		

Are you willing to foster or take a “at risk” child for example HIV or possibly disabled child?.....

Are you willing to foster or take a child into temporary safe care from a different cultural group?.....

**8. SOCIAL-CULTURAL MATTERS**

HUSBAND		WIFE
	In which sport do you participate?	
	Name your hobbies	
	How do you spend your leisure time?	
	In what cultural activities do you take part?	
	What do you and your family do together in your free time?	
	Other	

## 9. RELIGION

Church Affiliation:

.....

Name of Church:

.....

Address of Church:

.....

Contact Nr:

.....

Reverent/Pastor/Priest:

.....

Church Attendance:

.....

Involvement in other Church Activities:

.....

## 10. PHYSICAL AND PSYCHOLOGICAL

Name of Medical Practitioner:

.....

Address:

.....

Contact Nr:

.....

### QUESTIONNAIRE TO BE COMPLETED BY YOURSELF

CONDITIONS	HUSBAND		WIFE		SPECIFY
	YES	NO	YES	NO	
Do you have any chronicle illnesses for example high blood pressure, diabetes spleen, thyroid etc?					
Do you suffer from any mental illness for example depression, schizophrenia and other?					
Do you have any disorder which affects or may affect your ability to care for a child?					
Do you take drugs e.g mandrax, dagga or any other?					
Do you consume alcohol? How often e.g. daily, occasionally, over weekends?					
Do you smoke?					

## 11. FINANCIAL MATTERS

<b>1. MONTHLY BRUTO INCOME</b>	
Bruto Salary of Husband	R
Bruto Salary of Wife	R
Other Income :	R
<b>Total Bruto Income</b>	<b>R</b>

<b>2. MONTHLY DEDUCTIONS</b>	
Pension	R
Tax	R
Medical Aid	R
Other:	R
<b>Total Deductions</b>	<b>R</b>

<b>NETT SALARY</b>	<b>R</b>
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<b>3. MONTHLY EXPENDITURE</b>	
Rent / Mortgage payments	R
Hire Purchase Instalments	R
Credit Card Accounts	R
Insurance Premiums	R
Municipality: Water & Electricity, Rates & Taxes	R
Transport? Fuel	R
School/Crèche/Day-care Fees	R
Clothing	R
Telephone/Cell	R
Domestic Help	R
Food	R
Other	R
<b>Total Expenditures</b>	<b>R</b>

## 11. MOTIVATION

Indicate which of the following reasons are your most important considerations for wanting to foster / take in a child? If you choose more than one, please indicate so.

I want someone to take care of me	
Companion for myself	
Companion for own/foster child	
We hope to have our own biological child	
To fill the place of a deceased child	
We wish to have an heir	
To satisfy my husband / wife	
We feel that we can strengthen our marital relationship this way	
We are unable to have children of our own and wish to experience the privilege of parenthood	
We wish to provide a home for children in need of care	
Financial reasons (please explain):	
Other reasons	

## 11. DECLARATION

**11.1** The undersigned state that the questions in this form have been completed to the best of our knowledge and have been correctly and truthfully answered.

**11.2** We will co-operate with the social worker during the screening process.

**11.3** We agree that appropriate organizations and persons, e.g. ministers, social workers, psychiatrists and doctors may be contacted in order to obtain their confidential opinions concerning our application.

**11.4** We take note of the fact that **NO REASON** will be provided if our application is not successful.

**11.5** That Child Welfare Bloemfontein & Child Line Free State, the Department of Social Development, the Medical Practitioner / staff at the hospital or any other person where the child was in care, cannot be held responsible for any physical or psychiatric disorders and illness that may occur later in the child's development.

**11.6** We/ I indemnify Child Welfare Bloemfontein against any sickness / conditions / disability which may appear in the child after they have been accepted. **We/ I agree that the organization can't give us a guarantee about the health of the child.**

**11.7** We undertake to immediately inform the social worker's office in Bloemfontein in the event of our obtaining a child from some other source. This also applies in the case of the wife's pregnancy, re-location or any other changes which may affect your present circumstances.

**11.8** I/we were not involved in any criminal or sexual activities with children.

**11.9** That my/our name does/do not appear in Section B of the National Child protection Register

HUSBAND \_\_\_\_\_

WIFE \_\_\_\_\_

DATE:

DATE:

## THE FOLLOWING DOCUMENTS MUST ACCOMPANY YOUR APPLICATION FORM

- Certified copy of ID
- Marriage certificate
- Form 30 (attached)