Foster and Kinship
Expression of Interest Form

First Name: .....
Last Name: .....
Email Address: .....
Mobile Phone: .....
Suburb: .....
Postcode: .....

Gender: □Female □Male □Non-binary □Other □Prefer not to say
Do you identify as Aboriginal or Torres Strait Islander: □Yes □No
Are you at least 18 years of age: □Yes □No

Are you willing to undergo an assessment, including child protection and personal history checks: □Yes □No
Are you willing to complete foster care training to equip you with the skills you need to be a deadly (great) carer? □Yes □No
Do you have a spare room/s in your house? □Yes □No
What is your relationship status? □Single □In a Relationship □Married Up

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Do you have any serious health issues? □Yes □No
Do you have a current driver's license? □Yes □No
Do you have a Blue Card? □Yes □No □Pending
Do you have a criminal record? □Yes □No □Unsure

Have you previously been or applied to be a Foster Carer? □Yes □No
Have you attended an Information Session or watched the online Information Webinar? □Yes □No
How did you hear about us? □Google Search □Radio □Social Media □Newsletter □Murri Grapevine (word of mouth) □Other
What is your preferred contact method? □Phone □Email

Do you have any questions or comments?

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□ I consent to MCDATSIC collecting and using my information for marketing purposes in accordance with their Privacy Policy.

Full Name: .....

Signature: .....

Date: .....

Open Monday - Friday 9am-5pm

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