

Form 3
(Regulation 11 (1))



REPUBLIC OF GHANA

APPLICATION TO FOSTER A CHILD

1. DETAILS OF PERSON APPLYING:

Surname: First Name Middle Name

Sex: Male Female

Date of birth/...../..... Age:.....

District/ Town of habitual residence.....

Region:

Nationality.....

Type of National identification..... Identification No.....

Marital status single married separated divorced widowed

If married or separated, please provide the following information

Particulars of spouse

Surname: First Name Middle Name

Sex: Male Female

Date of birth/...../..... Age:.....

District/ Town of habitual residence.....

Region:

Nationality.....

Type of National identification..... Identification No.....

Motive for the application.....

.....

.....

2. NATURE OF APPLICATION

Sole applicant Joint application With spousal consent

3. APPLICANT’S CONTACT DETAILS

Current physical address

.....
.....
.....

Postal Address

.....
.....
.....

Permanent Home Address

.....
.....
.....

Primary Phone Tel. No. Mobile Work)

Secondary Phone Tel. No. Mobile/..... Work)

Email address

Notification and correspondence should be sent to:

Current Postal Address Permanent Home Address Email address

Telephone

4. APPLICANT’S FINANCIAL STATUS

Source of income

Regularity of income

5. CHARACTERISTICS OF PREFERRED CHILD

Sex: Female [] Male [] Age range to

Child with special needs

[] No [] Yes (*specify*)

6. EXPERIENCE

Educational Background

Institution	Course	Qualification	Year of Graduation

Employment History

NAME OF EMPLOYER/LOCATION	PERIOD OF EMPLOYMENT		RESPONSIBILITIES
	FROM	TO	

7. REFERENCES:

Please list two references below. Family members may not be used as referees.				
Name of Referee	Relationship	Length of relationship from /to	Referee Phone Number(s)	Referee's e-mail address

8. HOUSEHOLD INFORMATION

Give a description of your residence including the number of bedrooms available:

.....

.....

.....

Number of people living in your household

Sex	No. of Adults	Ages	Children	Ages
Male				
Female				
Total				

OTHER INFORMATION

How many children would you want to foster?

One Two Three Four

Are you willing to let go child placed in your care when the need arises?

Yes No

If No, please provide reasons

.....

.....

Are you willing to maintain a relationship with a child placed with you after the child attains majority?

Yes [] No []

Indicate if you will require support to foster a child: Yes [] No []

Indicate the type of support you will require.....

Name of Family Physician:

CERTIFICATION

My statements on this form, and any attachment to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that making statements, which I know to be false at the time of the declaration, will result in the rejection of my application or the immediate revocation of license and or termination of a foster care arrangement.

I Certify that the contents of the form were read and explained to me in the language to my understanding by Of the Department of Social Welfare.

Signature:

Name:

Date:

Mark RTP LPT

I of the Department of Social Welfare have read and explained the contents of this document in the language to the applicant who appears to have understood the contents before signing or making the mark.

Please support your application with the following documentation and tick

1. [] A copy of National Identification Card
2. [] Two passport sized photographs of applicant
3. [] Evidence of income
4. [] Evidence of marriage, where applicable
5. [] Birth certificate/ Other evidence of age (specify)
6. [] Testimonials from two character referees
7. [] Audio-visual recordings or pictures of applicant, applicant's home and family
8. [] Police criminal clearance form, duly filled, dated and signed
9. [] Medical certificate (Form 3)
10. [] Any other relevant documentation

Please specify