

Foster Dreamz Activity Placement Application Form

Foster Dreamz PTY LTD

(ABN 63632908582)

Mailing address: 45 NARRAK ROAD, BALWYN, VIC 3103

Telephone: 0478805657

Email: FosterDreamz@gmail.com

Website: <https://fosterdreamz.wixsite.com/home>

Foster Dreamz Use Only

Placement No: _____

Notes: _____

Section 1: Carer / Out-Of-Home Care Agency Contact Information

Carer First Name	Carer Surname
Address (not PO Box):	
Telephone No:	Email:

Case Worker First Name	Case Worker Surname
Out-Of-Home Care Agency:	Out-Of-Home Care Agency Business Address (not PO Box):
Telephone No:	Email:

Preferred Contact Please note preference for future communications: carer, case worker or both

How did you find Foster Dreamz (e.g. internet Search, WOM, etc.)

Section 2: Child's Information

Name (first name only)	Age (years, not date of birth)	Gender
------------------------	--------------------------------	--------

Foster Dreamz Activity Placement Application Form

Is the child in your care of Aboriginal or Torres Strait Islander origin?	
Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	
Type of placement (e.g. long-term, short-term, permanent care etc)?	
How long has the child been in the current placement and how long is the child expected to stay in the current placement?	
Are you currently caring for another child (or children) who Foster Dreamz has placed in an activity and/or is applying concurrently?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, First Name of child(ren):	
Activity:	Activity Provider:

Child's current weekly commitments & Preferences

Please include times for all commitments – e.g. schooling, specialist appointments, contact visits and current extra-curricular activities). Please number in preference order the preferred days for activity enrollment (1 – highest preference; 7 – lowest preference). If a child is unavailable on a given day, please leave it blank.

	Preferred Day
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Section 3: Activity Request

What activity is the child interested in?

Foster Dreamz Activity Placement Application Form

<p>Which activity provider provides this activity (if known)?</p>	<p>If the activity provider has multiple locations, please specify your top 3 preferred locations:</p> <p>1. _____ 2. _____</p> <p>3. _____</p>
<p>Why would the requested activity benefit the child?</p>	
<p>If the child is already or has previously been enrolled in other extra-curricular activities, please list them below and specify whether it is a current activity and how long the child has been/ was enrolled:</p>	
<p>If the child is not able to receive the requested placement, please list any other activities the child might be interested in:</p>	

Section 4: Carer Availability

<p>Are you able to transport the child to and from the activity?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Are you able to participate in the activity with the child (if this is required by the activity provider)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Are you able to stay with the child for the duration of the activity (if this is required by the activity provider)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Is it intended that the activity will be a long-term commitment for the child and if so, how long?</p> <p>Yes, 1 year <input type="checkbox"/> Yes, 2-3 years <input type="checkbox"/></p> <p>Yes, ongoing commitment <input type="checkbox"/> No <input type="checkbox"/></p>

Foster Dreamz Activity Placement Application Form

Section 5: Other supporting information and documents

If there is any further information that would support this application, please attach any supporting information (e.g. documents, statements, child statement, references, etc.) to this application and provide it to Foster Dreamz as a single document or file. Please do not include any information that may directly identify the child, other than the child's first name. For privacy reasons, any supporting statement that directly identifies the child will be immediately destroyed and will not be taken into consideration.

Section 6: Acceptance

<p>(a) confirm that the information provided in this application ("Information") is true and correct to the best of your knowledge;</p> <p>(b) confirm that the child's Department of Health and Humans Services child protection case planner has authorised you to make this application and provide the Information on behalf of the child;</p> <p>(c) confirm that the child consents to this application being made;</p> <p>(d) acknowledge that you are required to promptly notify Foster Dreamz of any material changes to the Information;</p> <p>(e) acknowledge that Foster Dreamz will rely on the accuracy of the Information in order to secure a placement for the child in an activity;</p> <p>(f) authorise Foster Dreamz to disclose the Information to activity providers, to the extent reasonably necessary to secure a placement for the child in an activity; and</p> <p>(g) acknowledge that you have received, and agree to be bound by, the attached Activity Placement Terms and Conditions, as amended by Foster Dreamz from time to time and notified to you.</p>	
Signed	Date
Print Name	Position/Agency
Witness Signature	Witness Name