

THE REPUBLIC OF UGANDA

FOSTER-CARE PLACEMENTS

*Rule 4*

**APPLICATION TO FOSTER A CHILD**

Name of Applicant \_\_\_\_\_

Married/Single \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Tel. No. \_\_\_\_\_

Number of Children \_\_\_\_\_

Employment of Applicant \_\_\_\_\_

Employment of Husband \_\_\_\_\_

Employment of Wife \_\_\_\_\_

Other sources of income (e.g. farm) \_\_\_\_\_

\_\_\_\_\_

Have you ever fostered a Child/Children before? (If so give particulars \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reasons to foster \_\_\_\_\_

\_\_\_\_\_

Are you willing to undertake short term fostering? \_\_\_\_\_

Names of 2 Referees and their Addresses (one shall be your local LCI Chairman or Village Chief)

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Age range \_\_\_\_\_ Sex of Child you wish to foster \_\_\_\_\_

Date \_\_\_\_\_ *Applicant's Signature* \_\_\_\_\_