Children Act (Foster Care) Regulation

Children Act (Foster Care) Regulations

(24th July 1995)

Citation
1. These Regulations may be cited as the Children Act (Foster Care) Regulation.

Application
2. An application for registration as a foster parent shall be in Form I of the Schedule.

Matters to be considered
3. For the purposes of determining whether a person applying to be registered as a foster parent is suitable to care for and maintain a foster child and the home of the applicant is suitable for a foster home in order that the person may be registered as a foster parent, the Director shall take into consideration the following matters -

1. the means of livelihood of the applicant and whether the applicant will be able to adequately maintain a foster child;

1. the health of the applicant and that of the other members of the applicant’s household and in particular whether the applicant or any member of the applicant’s household has suffered or suffers for any mental illness or serious disease or other mental or physical disability;
1. the character and antecedents of the applicant and other members of the applicant’s household and whether the applicant or any member of the applicant’s household has been the subject of any complaint or investigation for child abuse;

1. the condition of the home and the physical environment of the home of the applicant.

Register of Foster Parents

4. The Register of Foster Parent shall be in Form 2 of the Schedule.

Supervision

5. (1) Where a foster parent has undertaken the care and maintenance of a foster child, the Director -

(a) shall cause supervisory visits to be made in respect of the foster parent and child at the foster home at least once a week during the first month of fostering and thereafter at such regular intervals as the Director may consider necessary in the circumstances; and

1. may, in addition after informing the foster parent, cause the foster child to be visited at any other place frequented by the child.

(2) The person carrying out a visit under subregulation (1) shall make out a report in respect of the visit and shall discuss the contents of the report with the foster parent.

SCHEDULE
CHILDREN ACT (FOSTER CARE) REGULATIONS

Application for Registration as Foster Parent

1. Full Name of Applicant ..........................................................
   (including nicknames) ........................................... ID No. ...............  

1. Sex ........................................ Date of Birth ..................................  

1. Address: At home .................................................................
   At work .............................................................................

1. Religion .............................................................................

1. Full name, date of birth, sex and occupation or school of all members of the household and relationship to the head of the household.

Name

Date of Birth
Sex

Occupation/ School

Relationship to head applicant
1. Do you or any member of your household suffer from mental illness?

Yes  No*

1. Have you or any member of your household ever been convicted of a criminal offence?

Yes  No*

1. Are you prepared to assume the full parental responsibility for the child while he/she is under your care.

Yes  No*

1. Are you prepared to collaborate with Social Services section in rehabilitating the child while he/she is under your care.

Yes  No*

1. I certify that the information herein contained is true and correct.
FORM 2

CHILDREN ACT (FOSTER CARE) REGULATIONS

Register of Foster Parent

1. Name of Applicant ...................................................................................

Sex: .......................... Address ..........................................................

Date of Birth .............................. Occupation ..............................

Marital Status .............................. N.I.N. .................................

1. Name of Spouse .................................................................

N.I.N. ................................. Occupation .................................

Names of Other Household Members and Relationship to Applicant

<table>
<thead>
<tr>
<th>Name</th>
<th>N.I.N.</th>
<th>Relationship to</th>
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Applicant

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1. Date of Registration ....................................................................................
2. Remarks

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Signature of Registration Officer

Date: ....................................................