



## Registration of Interest in KARI Foster Care

I have

- read the “Information Pack for Potential Foster Carers” and
- would like to be contacted by a worker from your KARI to arrange an Information Exchange Session.

1. Your name

*first name* *last name*

2. Your address

3. Phone

Home Work Mobile

4. Email address

5. Please complete for all members of your household  
(include all people who regularly stay overnight)

Name	Date of Birth	Male/Female	Relationship to you



6. What language(s) do you speak at home?

7. Are you of Aboriginal background?

(mark one)  Yes  No

8. Are you of Torres Strait Islander background?

(mark one)  Yes  No

9. Have you previously applied to any other agencies to foster?

(mark one)  Yes  No

*If yes, please provide details and the result of the application.*

10. What type of care are you interested in applying for?

*(mark any you are interested in)*

Respite care  Temporary or Short Term care  Long Term care

11. Please sign and date this form and return to KARI as soon as possible.

Applicant 1

Applicant 1

Signed

Signed

Name

Name

Date

Date

**Send to:**

**Attention: Carer Recruitment Team  
KARI Aboriginal Resources Inc.  
PO Box 207  
Liverpool NSW 1871**