

## REGISTRATION OF INTEREST

# Becoming a Foster Carer

*Please try and write as clear as possible.*

1. Your full name(s):

.....  
.....

2. Telephone / Mobile:

.....

3. Your full address:

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

4. Email address:

.....

5. What languages are spoken at home?

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

6. Are you Aboriginal or Torres Strait Islander? (if yes, please indicate which)

.....  
.....

7. Have you previously applied to any other agencies or organisations to provide foster care?

Please circle one: Yes / No  
If you answered Yes, please provide details and the result of the application:

.....  
.....

8. What type(s) of care are you interested in applying for?

Tick any types of care that interest you:

- Emergency care / Respite care
- Short-term foster care
- Long term Foster care
- Therapeutic care

Please return this from in a stamped envelope to:

**Foster Care Recruitment Team**  
**Department of Communities Tasmania**  
**PO Box 633**  
**LAUNCESTON TAS 7250**

or email:  
[foster.carers@communities.tas.gov.au](mailto:foster.carers@communities.tas.gov.au)

