



THE GOVERNMENT OF THE KINGDOM OF ESWATINI

DEPUTY PRIME MINISTER'S OFFICE
DEPARTMENT OF SOCIAL WELFARE
FOSTER CARE PROGRAMME APPLICATION FORM

Title (Mr./Mrs./Ms)	Surname								First Name								Middle Initial	Maiden Name
Date of Birth for Applicant1:	D	D	M	M	Y	Y	Y	Y	Date of Birth for Applicant2:	D	D	M	M	Y	Y	Y	Y	
MARITAL STATUS:	<input type="checkbox"/> Married		<input type="checkbox"/> Single		<input type="checkbox"/> Divorced		<input type="checkbox"/> Common-law		<input type="checkbox"/> Widowed									
ID No: Applicant1:									ID No: Applicant2:									
CURRENT ADDRESS:																		
What is your home tenure?	<input type="checkbox"/> Owned		<input type="checkbox"/> Rented		<input type="checkbox"/> Mortgaged		<input type="checkbox"/> Rent Free		<input type="checkbox"/> Other									
Number of years at this address:								Rent per month:	E			Mortgage per month:	E					
Apartment No: / Lot No.:																		
Street No.: & Name																		
Area:																		
Chief:																		
Indvuna:																		
Region Name:																		



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Post Office Box No:																				
Parish Name:																				
Country:																				
Telephone Number:																				
Mobile:																				
Directions to Home:																				
PERMANENT ADDRESS (if not the same as above)																				
What is your home tenure?	<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged <input type="checkbox"/> Rent Free <input type="checkbox"/> Other																			
Number of years at this address:																				
Apartment No: / Lot No.:																				

Street No.: & Name																				
Area :																				
Chief:																				
Indvuna:																				



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Region:																				
Post Office Box No:																				
Parish Name:																				
Country:																				
Telephone Number:																				
Mobile:																				
Directions to Home:																				
Category	Male Applicant									Female Applicant										
Religion/ Denomination:																				
Employment Status:	[] Unemployed, [] Employed, [] Self-Employed,									[] Unemployed, [] Employed, [] Self-Employed,										
Occupation:																				
Name of Employer:																				
Address of Employer:																				
Hours of Work:																				
Salary (weekly or monthly):	E									E										



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Income from other Source(s):	E	E													
Work Telephone No:															
Home Telephone No:															
Mobile Telephone No:															
E-mail Address															
DETAILS OF OCCUPANTS IN THE HOME: (include all persons living in the home beginning with relatives)															

Surname	First Name	Age	Sex (M/F)	Relationship to Applicant	Working (Yes/No)	Occupation/ School

DETAILS OF CHILDREN LIVING OUTSIDE OF THE HOME

Surname	First Name	Age	Sex (M/F)	Working (Yes/No)	Occupation/ School



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Briefly describe your accommodation/s?					
Are you currently experiencing a physical or mental illness (e.g. diabetes, asthma, depression)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please state type and duration of illness below:			
		Type of illness:			
		Duration of illness:			
Is any member of household currently experiencing a physical or mental illness (e.g. diabetes, asthma, depression)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please state type and duration of illness:			
		Type of illness:			
		Duration of illness:			
Have you had a medical examination / visited the doctor in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please state name and address of doctor below:			

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How do you feel about the child maintaining contact with his/her biological parents?										
Have you ever applied to foster a child before?	<input type="checkbox"/> Yes	If yes, give date of last application?								
	<input type="checkbox"/> No									
Where was your last application processed?										
Was a foster child placed in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
Level of Interest	<input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Unsure									
Placement Timeline	<input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 12 Months or longer <input type="checkbox"/> Other (Please Specify) : _____									
I understand that DSW has the right to refuse this application:	<input type="checkbox"/> Yes <input type="checkbox"/> No									
I will/not require the Foster Care Subsidy :	<input type="checkbox"/> Yes <input type="checkbox"/> No									



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PLEASE LIST TWO (3) REFEREES¹:

Surname	First Name	Contact Information (Mailing / Phone)	Occupation

¹ Family members cannot act as referees. In the case of joint applicants, the referee should be known to both applicants.

² Referee is preferably someone who has known you for more than 5 - 10 years



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Declaration

I/We declare:

1. That the information contained in this application is complete and true to the best of my/our knowledge and that a false statement may disqualify my/our application from further consideration.
2. An acknowledgement that the Department of Social Welfare will check for any information relevant to this application and that a criminal record check and medical will be required.
3. That the Department of Social Welfare is given permission to contact the references named on this application and the school where my/our children are in attendance.

Signature of Applicant:		Date:								
Signature of Applicant:		Date:								

Special Instructions

1. Approval for participation under the Foster Care programme will not be issued until all requirements under the Children's Protection and Welfare Act including any other policy requirements have been met.
2. Application must be accompanied by two passport size photographs which must be certified by: Royal Eswatini Police, Commissioner of Oaths or a member of the Legal Fraternity.
3. The completed application form is to be returned to the DSW office nearest you.

DSW Official Use Only

Reference Number															
Date Received	Received By				Regional Office						Parish Office				
					<input type="checkbox"/> Hhohho <input type="checkbox"/> Lubombo <input type="checkbox"/> Manzini <input type="checkbox"/> Shiselweni										
Date Reviewed	Reviewed By				Outcome of Review						Applicant(s) Informed		Date Informed		



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		<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Further Details Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Further Details Obtained	Date Follow-up Completed	Outcome of Follow-Up	Applicant(s) Informed	Date Informed
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reasons for Rejecting Application:				
Other Comments:				
Name and Designation of Processing Officer:				
Signature of Processing Officer:		Date Signed:		



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Required attachments for an prospective foster parents

1. Birth certificate /death certificates/marriage certificates /divorce order (certificates include those of siblings and children of foster care applicant)
2. Letters of referees who have applicants for more than 5 years
3. Consent from biological parents
4. Reference letter from chief/pastor / reverend
5. Confirmation of employment where applicable
6. Applicant income statement
7. Police clearance
8. Medical report