

## REGISTRATION OF INTEREST IN BECOMING A FOSTER CARER

1. Your name(s):

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2. Your address:

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3. Telephone:

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4. Email address:

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5. What languages are spoken at home?

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

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

(Please mark one): Yes / No

If you answered 'Yes' above,  
please provide details and the  
result of the application:

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

(Tick those you are interested in)

Short-term Foster Care ☐

Long-term Foster Care ☐

Respite Care ☐

Specialist Foster Care ☐

Please return this form in the  
envelope provided:

Foster Carer Recruitment  
Department of Health  
and Human Services  
Reply Paid 83315  
HOBART TAS 7001



**1800 REAL CARERS (1800 732 522)**  
**[www.fostercare.tas.gov.au](http://www.fostercare.tas.gov.au)**

If undeliverable, please return to: Department of Health and Human Services, GPO Box 1125, Hobart TAS 7001

REPLY  
PAID

**Foster Carer Recruitment**  
**Department of Health**  
**and Human Services**  
**Reply Paid 83315**  
**Hobart TAS 7001**