

Republic of Uganda  
Form 1  
Application to Foster A Child  
Foster Care Placements  
The Children Act

Rule 4

Name of applicant: \_\_\_\_\_

Married/single: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Number of children: \_\_\_\_\_

Age(s) of children: \_\_\_\_\_

Employment of applicant: \_\_\_\_\_

Employment of husband: \_\_\_\_\_

Employment of wife: \_\_\_\_\_

Other sources of income (e.g. farm) \_\_\_\_\_

Have you ever fostered a child/children before? (If so, give particulars)

\_\_\_\_\_

Reasons to foster:

\_\_\_\_\_

\_\_\_\_\_

Are you willing to undertake short-term fostering? \_\_\_\_\_

Names of two referees and their addresses (one shall be your local LC 1 chairperson or village chief)

1. \_\_\_\_\_

2. \_\_\_\_\_

Age range Sex of child you wish to foster: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_