



**REFERENCE QUESTIONNAIRE FOR FOSTER CARE APPLICANTS**

Name of Applicant (1).....

Name of Applicant (2).....

How long have you known this family?.....

How well do you know them? .....

.....

What is your relationship to the applicants? .....

.....

Describe what you feel are the particular strengths of applicant (1) .....

.....

.....

What do you feel are the weak points of applicant (1)?.....

.....

.....

What do you feel are the particular strengths of applicant (2).....

.....

.....

What you feel are the weak points of applicant (2)?.....

.....

.....

Does either applicant have strong religious/political beliefs and how do these  
influence their life?.....

.....

.....

How much and under what circumstances have the applicants had experience with children?.....

.....

.....

Listed below are several areas in which parents often feel challenged in child-Rearing. Please check the column which most closely describes your impression of this couple's parenting ability. Indicate with (1) for applicant (1) and (2) for applicant (2).

	Yes	No	Don't know
Is able to be firm			
Is able to be reasonably consistent			
Is able to understand child's viewpoint			
Is able to let a child do things on his / her own			
Is able to show warmth and affection to children			
Is able to like a child despite his / her misbehaviour			
Is able to put a child's needs ahead of his / her own			
Is a able to admit error			
Is able to accept professional help with problems if needed			
Is able to be resourceful			
Is able to be patient			

How would you describe their relationship?.....

.....

.....

Please insert a (1) for applicant (1) and (2) for applicant (2) if you feel the particular person shows the following characteristics:

	Never	Occasionally	Frequently	Always
Easily hurt feelings				
Tension				
Irritability				
Nervousness				
Temper Tantrums				
Drinking				
Gambling				
Use of Illegal Drugs				
Excessive use of Medication				
Illnesses				
Use of Smacking				

Do you feel that both people are equally desirous of becoming carers? .....

.....  
.....

Do you think they have the time to care for a child / children? .....

.....  
.....

If you were responsible for a child's future, would you want this couple to be his / her carers?  
Why or why not?.....

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Additional comments:

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.....  
.....

NAME (IN BLOCK LETTERS)

.....

Signed: .....

Dated: .....

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PLEASE RETURN TO:

Marymead  
Recruitment and Training, Foster Care Program  
PO Box 4260  
KINGSTON ACT 2604