



## Annual Foster Carer/s Review

**2014**

The information you provide on this form is collected in line with NSW OOHC Standards 19, 20 and 22 and is managed in compliance with the *Privacy Act 1998*. The information will be used to ensure that all current and future placement needs are met, and that you are able to access support and training regularly. We will not release this information for any other purpose.

If you have any questions about the collection of this information, you may contact the Marymead staff person named on your cover letter.

<b>Section One - Foster Carer Family</b>	
<b>Name of foster carer/s:</b>	<b>How long have you been with Marymead?</b>
<b>Residential Address:</b>	
<b>Postal Address (if different to above):</b>	
<b>Home Phone:</b>	<b>Work Phone:</b>
<b>Mobile:</b>	
<b>Email:</b>	
<b>Preferred method of contact:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Home Phone</li> <li><input type="checkbox"/> Mobile</li> <li><input type="checkbox"/> Email</li> <li><input type="checkbox"/> Letter</li> <li><input type="checkbox"/> Other (Please specify):</li> </ul>	
<b>All Children under the age of 18yrs who reside in your home</b>	
Name	Relationship to foster carer/s

<b>All other adults who reside in your home</b>			
Name	Relationship to foster carer/s		
<b>If either or both foster carer/s are engaged in paid employed or regular volunteer work, please provide current employment details:</b>			
Name	Current Employer	Occupation	Usual Hours of Work
<b>If your foster family are engaged in other commitments or activities on a regular basis, please provide details:</b>			
Type of activity		Frequency	

<p><b>In the past 12 months, have you had any significant changes in the areas of:</b></p> <p>Family composition:</p> <hr/> <p>Finance:</p> <hr/> <p>Health:</p> <hr/> <p>Education:</p> <hr/> <p>Relationships or family stresses:</p> <hr/> <p>Housing:</p> <hr/>
<p><b>Does your family engage in any specific spiritual or cultural practices?</b></p>
<p><b>What supports have your family developed? E.g. regular babysitter, family support, external or workplace services</b></p>

Please provide contact details for key support people in your family's life		
Name	Relationship	Contact Phone Number

Please summarise what you consider are the strengths and challenges for you as a foster care family:

What type of Foster Care does your family currently provide (e.g. emergency care, short term, long term, respite)

Is your family interested in providing a different type of care to what you are currently offering? (e.g. emergency care, short term, long term, respite)

Section Two - Marymead Support
Who has been your Marymead caseworker over the past 12 months?
Does your family utilise respite? <i>This may be formal respite where a foster child in your care stays with a paid respite carer; OR; informal respite where they stay with a family member or close friend who you deem is safe and has a current WWCC.</i>

<b>Describe your overall relationship with Marymead:</b>
<b>What support have you received over the past 12 months?</b>
<b>Are you satisfied with the support Marymead has offered?</b>
<b>What works well? What needs improvement?</b>
<b>How do you help foster a good working relationship with your Marymead Caseworker?</b>
<b>Are you aware of the Marymead Foster Care On-Call Service? Are you familiar with the purpose and function of the On-Call service?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Comments:</b>
<b>Are you aware of Marymead's grievances and complaints process?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No

**Are you aware of other external Foster Care resources/ supports (e.g. Connecting Carers, local carer support groups, CREATE etc.)?**

- Yes  
 No

**Comments:**

**Please describe any notable situations (positive or negative) encountered in the community with regards to fostering (e.g. school, neighbours, police, health professionals etc.):**

**As a carer/s are you interested in forming relationships with other Marymead foster carers and/or a foster care mentor?**

### **Section Three - Training and Development**

**Please indicate all training (including training that is non-specific, but related to your to Foster Care role) you have attended in the past 12 months:**

Name of Training	Organization	Date

**Do you have any other comments regarding your training, development interests or needs?**

**In the past 12 months have you completed an updated WWCC:**

- Yes  
 No

**Do you have any further feedback regarding Marymead that would assist us in improving the level &/or quality of support provided to you as a carer?**

Foster Carer Signature: \_\_\_\_\_

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

Foster Carer Signature: \_\_\_\_\_

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