## U:\DefaultHome\Objects\180109-CIW logo JPG inspection report size.jpg

## Declaration and consent for CIW to contact

## Social Services Departments

[Mae’r ffurflen gais hon hefyd ar gael yn Gymraeg](https://arolygiaethgofal.cymru/cofrestru-gwasanaethau-gofal-plant-chwarae) / This application form is also

available in Welsh

### Regulation and Inspection

**Children and Families (Wales) Measure 2010** as amended **by The**

**Regulation of Child Minding and Day Care (Wales) Order 2016**

and the:

**Child Minding and Day Care (Disqualification) (Wales) Regulations 2010**

A copy of this form must be completed by the applicant.

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|  |  |
| --- | --- |
| Full name and address of applicant: |  |

|  |  |
| --- | --- |
| Any alias and former names: |  |

|  |  |
| --- | --- |
| Post code: |  |

|  |  |
| --- | --- |
| Date of birth:  (dd/mm/yyyy) |  |

### Previous full addresses in the last five years:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Address 1:** | | | | **Address 2:** | | | |
|  | | | |  | | | |
| Post code: | | | | Post code: | | | |
|  | | | |  | | | |
| From: |  | Until: |  | From: |  | Until: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Address 3:** | | | | **Address 4:** | | | |
|  | | | |  | | | |
| Post code: | | | | Post code: | | | |
|  | | | |  | | | |
| From: |  | Until: |  | From: |  | Until: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Address 5:** | | | |
|  | | | |
| Post code: | | | |
|  | | | |
| From: |  | Until: |  |

Have you ever been the subject of a care or supervision order?

Yes  No

Have you had a care or supervision order made with respect to a child in your

care?

Yes  No

Have you ever been disqualified from fostering a child privately?

Yes  No

If yes to any of the above, please provide details including dates and the Local Authority involved:

|  |
| --- |
|  |

Please give the following details of children who currently live with you and of those who may now live elsewhere (including those of your partner)

|  |  |  |
| --- | --- | --- |
| Full name of child: | Date of  birth:  (dd/mm/yyyy) | Relationship  to you: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Declaration**

I confirm that the information provided above is correct and I give my consent to Care Inspectorate Wales contacting my local or any relevant Social Services Department so that the above statements may be verified and to share any other information relevant to my suitability to care for children under the age of 12 years.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Date:** |  |

|  |  |
| --- | --- |
| **Signature:** |  |

**Personal information:**

We process any personal and/or sensitive information we hold about you fairly

and lawfully, and we only ask for such information where it is necessary for us to carry out our role. For more information about how we process your personal data, and your rights in relation to this, please see our Privacy Notice at <https://careinspectorate.wales/how-we-use-your-information>, or contact us for a paper copy.

**Please return this form with your online application.**