

## Application to Foster

Please ensure that you have read the full role description before applying to be a Cat Fosterer. Please complete all sections of this form and return to us by Email: [info@claycountycatcare.com](mailto:info@claycountycatcare.com) or post to: Clay County Cat Care, Goonamarris, St Stephen, St Austell, PL26 7QX and one of our team will be in contact with you in due course.

### Your Details

Your name	
Home Address	
Email	
Home Telephone number	
Mobile number	
Occupation	

How many people live in your household?			
How many children live in your household? (Please note that interaction with older children is encouraged to help socialise kittens).		Age of children	
Do children visit your home? If so, how many and what are their ages?			
Do you own your own home? Please note that if you rent your home, we will ask to see written permission from your landlord that you are able to have cats at home	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have a spare room that a cat could use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Please tell us about the room you are able to provide for a foster cat.  (is it secure? Furnished? Suitable for cats/inquisitive kittens?)			
What type of property do you own?	House <input type="checkbox"/>	Flat <input type="checkbox"/>	Other <input type="checkbox"/>
Does the property have a cat flap?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever owned cats before? Please provide information on length of ownership, age and any medical/ Behavioural issues.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever owned kittens before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are there other pets in your home? (please note that we prefer homes with no pets)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Please give details of the breed and ages of other pets and whether they are neutered.			
Do you currently or have you ever volunteered at any other animal welfare charities? If yes, please provide details. (Please note that your answer to this question will not influence our decision when assessing your application)			

<p>How long are you able to foster for? (Please note that if you are applying to foster a pregnant cat a commitment of 9-12 weeks is preferred. Medical fosters may require a shorter foster)</p>	<p>3-9 weeks <input type="checkbox"/>    9-12 weeks <input type="checkbox"/>    13 weeks + <input type="checkbox"/></p>
<p>How long are you able to commit to being CCCC Cat Fosterer? i.e. do you have any commitments in the next 12 months which would stop you being available to foster?</p>	
<p>On average, how long would the cat/s be left on its own for each day? (maximum: 6 hours)</p>	
<p>You will need to travel to the CCCC site for regular check-ups. Do you have access to a car for these journeys?</p>	<p>Yes <input type="checkbox"/>    No <input type="checkbox"/></p>
<p>Do you have access to a computer to complete our regular foster-updates?</p>	<p>Yes <input type="checkbox"/>    No <input type="checkbox"/></p>
<p>Do you have equipment to take and send photographs of the foster cat/kittens to us to assist in the rehoming process</p>	<p>Yes <input type="checkbox"/>    No <input type="checkbox"/></p>

**Animal Experience**

<p>Have you had experience with rescue cats before? If yes, please provide further details</p>	
<p>         </p>	
<p>Would you be happy to foster cats who may have behavioural issues?  CCCC will provide full training on addressing these behaviours.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Would you be happy to foster a cat with medical needs?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

**Motivations**

<p>Why would you like to be a Cat Fosterer for CCCC? Please provide information on why you feel you would be able to offer our cats a good foster home.</p>
<p> </p>



**Data protection notice**

In accordance with the Data Protection Act 1998, I agree that Clay County Cat Care may hold and use personal information about me for volunteering reasons and to keep in touch with me. This information will be held securely and only accessed by authorised personnel. By returning this form you consent to our processing your sensitive data (such as data relating to your health or criminal convictions) for the above purposes. You have the right to ask for a copy of your information and to correct any inaccuracies. We may monitor or record communications for training and evidential purposes

**Print Name :**

Signature (type if sent by email) :

Date :