This form is to be completed when additional Household members need to be added to either the:

* *Application for Initial Approval – Form 3A*
* *Application of Renewal of Approval – Form 3B*

On completion of this form, attach and submit to the required application for approval document above.

|  |  |  |
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|  | **Applicant 1 information** |  |
|  |  |  |  |  |  |  |
|  | Family name: |       |  | First name: |       |  |
|  |  |  |  |  |  |  |
|  | Middle name: |       |  | Date of birth: |       |  |  |
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|  | **Household member**  |  |  |  | **Household member**  |  |
|  |  |  |  |  |  |  |
| **1** | **Title** |  |  |  |  | **1** | **Title** |  |  |  |
|  |  |  |  |  |  |  |
|  | **Family name** |  |  |  |  | **Family name** |  |  |
|  |  |  |  |  |  |  |
|  | **First name** |  |  |  |  | **First name** |  |  |
|  |  |  |  |  |  |  |
|  | **Middle name** |  |  |  |  | **Middle name** |  |  |
|  |  |  |  |  |  |  |
|  | **Birth name** |  |  |  |  | **Birth name** |  |  |
|  |  |  |  |  |  |  |
|  | **Other names known by** |  |  |  | **Other names known by** |  |
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|  |  |  |  |  |  |  |
| **2** | **Gender** |  |  |  | **2** | **Gender** |  |  |
|  |  |  |  |  |  |  |
|  | **Date of birth** |  |  |  |  | **Date of birth** |  |  |
|  |  |  |  |  |  |  |
|  | **Place of birth** |  |  |  |  | **Place of birth** |  |  |
|  |  |  |  |  |  |  |
|  | **State of birth** |  |  |  |  | **State of birth** |  |  |
|  |  |  |  |  |  |  |
|  | **Country of birth** |  |  |  |  | **Country of birth** |  |  |
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|  |  |  |  |  |  |  |
| **3** | **Contact details** |  |  | **3** | **Contact details** |  |
|  |  |  |  |  |  |  |
|  | **Mobile** |  |  |  |  | **Mobile** |  |  |
|  |  |  |  |  |  |  |
|  | **Other *(if applicable)*** |  |  |  |  | **Other *(if applicable)*** |  |  |
|  |  |  |  |  |  |  |
|  | **Email address** |  |  |  | **Email address** |  |
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|  | **Household member**  |  |  |  | **Household member**  |  |
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| **4** | **Current residential address** |  |  | **4** | **Current residential address** |  |
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|  | **State** |  |  | **Postcode** |  |  |  |  | **State** |  |  | **Postcode** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** | **Previous residential addresses**  |  |  | **5** | **Previous residential addresses** |  |
|  | **Provide details below of ALL past addresses, with a minimum stay of at least 6 months and the date range you resided at these locations *(including overseas and interstate)*.** **If there is insufficient space, please provide additional details on the pages provided at the end of this application.** |  |  |  | **Provide details below of ALL past addresses, with a minimum stay of at least 6 months and the date range you resided at these locations *(including overseas and interstate)*.** **If there is insufficient space, please provide additional details on the pages provided at the end of this application.** |  |
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|  | **Dates**  |  |  |  |  | **Dates** |  |  |
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|  | **State** |  |  | **Postcode** |  |  |  |  | **State** |  |  | **Postcode** |  |  |
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|  | **Dates**  |  |  |  |  | **Dates** |  |  |
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|  | **State** |  |  | **Postcode** |  |  |  |  | **State** |  |  | **Postcode** |  |  |
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| **6** | **Relationship to Applicant/s*****It is important that all the relevant relationships between applicant 1 and applicant 2 are listed in the appropriate boxes.*** |  |  | **6** | **Relationship to Applicant/s*****It is important that all the relevant relationships between applicant 1 and applicant 2 are listed in the appropriate boxes.*** |  |
|  | **What is your relationship to Applicant 1?** |  |  |  | **What is your relationship to Applicant 1?** |  |
|  |  |  |  |  |  |  |
|  | **What is your relationship to Applicant 2?** |  |  |  | **What is your relationship to Applicant 2?** |  |
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|  | **Household member**  |  |  |  | **Household member**  |  |
| **7** | **Have you ever held a Queensland driver’s license?** |  |  | **7** | **Have you ever held a Queensland driver’s license?** |  |
|  | **[ ]  Yes [ ]  No *(proceed to next question)*** |  |  |  | **[ ]  Yes [ ]  No *(proceed to next question)*** |  |
|  | **If yes, please provide your driver’s license number?** |  |  |  | **If yes, please provide your driver’s license number?** |  |
|  | **License number** |  | **or** |  |  |  | **License number** |  | **or** |  |
|  |  |  |  |  |  |  |
|  | **your license number is unknown** | **[ ]**  |  |  |  |  | **your license number is unknown** | **[ ]**  |  |  |
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| **8** | **Do you have a Blue Card or Exemption Card?** |  |  | **8** | **Do you have a Blue Card or Exemption Card?** |  |
|  | **[ ]  Yes…. provide blue card details below** |  |  |  | **[ ]  Yes…. provide blue card details below** |  |
|  | **[ ]  No…… complete LINK to Child Safety below** |  |  |  | **[ ]  No…… complete LINK to Child Safety below** |  |
|  | **[ ]  N/A…. household member under 18 years** |  |  |  | **[ ]  N/A…. household member under 18 years** |  |
|  |  |  |  |  |  |  |
|  | ***If yes,* Blue Card number?** |  | **Blue Card expiry? *(dd/mm/yyyy)*** |  |  |  | ***If yes,* Blue Card number?** |  | **Blue Card expiry date? *(dd/mm/yyyy)*** |  |
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|  | **If yes, Exemption Card number?** |  | **Exemption card expiry? *(dd/mm/yyyy)*** |  |  |  | **If yes, Exemption Card number?** |  | **Exemption card expiry? *(dd/mm/yyyy)*** |  |
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|  | **LINK to Child Safety** |  |  |  | **LINK to Child Safety** |  |
|  | **ONLY to be used for adult household members who do not have a current blue card or exemption card AND have completed the blue card registration process.** |  |  |  | **ONLY to be used for adult household members who do not have a current blue card or exemption card AND have completed the blue card registration process.** |  |
|  |  |  |  |  |  |  |
|  | **Online account number provided by Blue Card Services:** |  |  |  | **Online account number provided by Blue Card Services:** |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **Date online account number was received** |  |  |  | **Date online account number was received** |  |
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|  | **If completing a paper based blue card application** |  |  |  | **If completing a paper based blue card application** |  |
|  | ***Complete and attach a*** [*Volunteer foster/kinship carer or adult member blue/exemption card application*](https://www.cyjma.qld.gov.au/resources/dcsyw/foster-kinship-care/bcs-volunteer-foster-kinship-adult-exemption.pdf) ***form AND provide one certified form of identification as per the instructions in the blue card application form .*** |  |  |  | ***Complete and attach a*** [*Volunteer foster/kinship carer or adult member blue/exemption card application*](https://www.cyjma.qld.gov.au/resources/dcsyw/foster-kinship-care/bcs-volunteer-foster-kinship-adult-exemption.pdf) ***form AND provide one certified form of identification as per the instructions in the blue card application form .*** |  |

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|  | **Disclosure statement and privacy notice****The Department of Child Safety, Seniors and Disability Services (Child Safety) is collecting the personal information on this form for the purpose of assessing you as an adult household member. This is authorised under the *Child Protection Act 1999* and the Child Protection Regulation 2023. Your personal information will be managed in accordance with the *Information Privacy Act 2009*.****Child Safety may disclose relevant personal information to the Queensland Police Service, Blue Card Services, Department of Transport and Main Roads.** **In circumstances where an interstate or international child protection check is required, your personal information may be provided to the government agency responsible for child protection in other Australian States and Territories and to International Social Services Australia and the New Zealand Oranga Tamariki (Ministry of Children).****Under the *Childrens Court Rules 2016* and the Director of *Child Protection Litigation Act 2016*, Child Safety is required to provide relevant information to the Director of Child Protection Litigation (DCPL) in relation to child protection proceedings, and the DCPL has a duty to disclose documents relevant to the proceedings to each other party. Therefore, any information provided to Child Safety that may be relevant to current or future court proceedings may be provided to the parties, including the parent. This may include applications for future child protection orders for children already in your care as an approved foster or kinship carer, such as long-term Child Protection Orders.**  |  |
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|  | **Adult household member consents** |  |
|  | **Personal history checks** |  |
|  | **I consent to Child Safety, the relevant agencies identified in the privacy notice, and the government departments and agencies responsible for child protection in other Australian States and Territories, International Social Services Australia and the New Zealand Oranga Tamariki (Ministry of Children) to:*** **Undertake criminal, child protection, carer history, domestic violence and traffic history checks and provide to the requesting officer any information related to me.**
* **Undertake international criminal history and child protection checks and provide to the requesting officer any information related to me if I have lived overseas.**

**I consent to information obtained in processing this application to be provided to any third party who is vested with assessing the application.****I understand that my personal information will be handled in accordance with the *Information Privacy Act 1999* and relevant sections of the *Child Protection Act 1999.*** |  |
|  | **Household member consent** |  |
|  | ***I have read and understand the disclosure statement and privacy notice, consents and confirm that the information is correct. I consent to the personal history checks described above.*** |  |
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|  |  | **Adult household member**  |  | **Adult household member**  |  |  |
|  |  |  |  |  |  |  |
|  |  | **Name** |  |  |  | **Name** |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  | **Date** | Enter date |  |  | **Date** | Enter date |  |  |  |
|  |  |  |  |  |  |  |
|  |  | **Signature** |  |  |  | **Signature** |  |  |  |  |
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