

Time in Care Information Access Service

Complete this form to apply for information through the Time in Care Information Access Service (TICIAS). Information that may be obtained through this service includes:

- Time in care reports providing information about:
 - why you came into care
 - your placement history
 - information about milestones
 - education/medical information
 - details of your family constellation
 - other relevant information about your family and your experiences in out of home care.

- Documents held in departmental records including:
 - birth certificates
 - school reports
 - medical reports
 - awards
 - photographs.

This service is only available to *relevant persons* or their authorised representative. *Relevant persons* are people who are or were in care under the *Child Protection Act 1999* or the *Children’s Services Act 1965* as well people who were State children under the *State Children Act 1911*. However, if you are a young person who is currently in care or transitioning from care you are encouraged to approach your child safety service centre before applying for this service. Your child safety officer will often be able to provide information without requiring a formal application.

Privacy notice: The Department of Children, Youth Justice and Multicultural Affairs is collecting your personal information to assess and manage your application for information under the Time in Care Information Access Service. The department will manage your personal information in accordance with the *Information Privacy Act 2009*.

| Applicant’s details | | | |
|--|--|-----------------------|--|
| First name: | | Middle name/s: | |
| Family name: | | Date of birth: | |
| Other names used while in care: | | | |
| Dates in care (if known): | | | |
| Other relevant information: <i>E.g. institutions in which you were placed, mother’s maiden name, names of siblings</i> | | | |

| Contact details | |
|--|---|
| Please provide your contact details: | Email |
| | Email address: |
| | Phone |
| | Contact number: |
| | Mail (if applicable) |
| Postal address: | |
| How would you like to receive the information provided under this service? <i>Please select one option only</i> | <input type="checkbox"/> Email |
| | <input type="checkbox"/> Registered post |
| | <input type="checkbox"/> Collect from Brisbane CBD (111 George Street) |
| | <input type="checkbox"/> Collect from local area office: |
| | Please specify which office/ locality: |
| Authorised representative | |
| If you are authorised to represent the applicant please provide your details below. | |
| First name: | Family name: |
| Organisation: | |
| Address: | |
| In what capacity are you authorised to act for the applicant? | <input type="checkbox"/> Legal representative <input type="checkbox"/> Community organisation <input type="checkbox"/> Appointed statutory guardian <input type="checkbox"/> Other (please specify): _____ |
| Evidence of the representative's authority to act, as well as evidence of the representative's identity, must be forwarded along with this form. Identity requirements are the same as for the applicant as detailed overleaf. | |

| Verification of identity | |
|--|--|
| Identity requirements | Please note below which form of identity is attached |
| Evidence of identity: <i>Contact us on (07) 3097 5605 or freecall 1800 809 078 if you have questions about identity requirements</i> | <input type="checkbox"/> Original certified copy of identity document enclosed Post a <u>certified</u> copy of your driver's licence, passport, birth certificate, proof of age card or other identity document along with this completed form to: Right to Information, Information Privacy and Redress Department of Children, Youth Justice and Multicultural Affair Locked Bag 3405 BRISBANE QLD 4001 <u>Certified</u> means certified by a justice of the peace, commissioner for declarations, lawyer, police officer or health professional as a true copy of the original document. Send the copy which has the original stamp or signature of the person who certified the document. |
| | <input type="checkbox"/> Statutory declaration A statutory declaration completed by someone who has known you for one or more years, which says that you are the person named as the applicant. |
| | <input type="checkbox"/> Evidence of identity sighted by departmental officer |
| | Date: |
| | Signature: |
| | Position title: |
| Region/business area: | |
| Applicant's signature (or signature of authorised representative) | |
| Date: | |