

Please write in block letters using black ink

**PART A – Application for Initial Approval (Applicant to complete)**

Applicant 1	Applicant 2
<p>1. Title <input type="text"/></p> <p>Family Name <input type="text"/></p> <p>First Name <input type="text"/></p> <p>Middle name (if applicable) <input type="text"/></p> <p>Marital Status <input type="text"/></p> <p>Residency – Permanent or Temporary <input type="text"/></p> <p>Do you have a current Blue Card or Exemption Card? <input type="text"/></p> <p>Blue Card Number <input type="text"/></p> <p>Exemption Card Number <input type="text"/></p> <p>Blue Card Expiry Date (dd/mm/yyyy) <input type="text"/></p> <p>Relationship to Applicant 2 <input type="text"/></p>	<p>1. Title <input type="text"/></p> <p>Family Name <input type="text"/></p> <p>First Name <input type="text"/></p> <p>Middle name (if applicable) <input type="text"/></p> <p>Marital Status <input type="text"/></p> <p>Residency – Permanent or Temporary <input type="text"/></p> <p>Do you have a current Blue Card or Exemption Card? <input type="text"/></p> <p>Blue Card Number <input type="text"/></p> <p>Exemption Card Number <input type="text"/></p> <p>Blue Card Expiry Date (dd/mm/yyyy) <input type="text"/></p> <p>Relationship to Applicant 1 <input type="text"/></p>
<p>2. Do you currently use an abbreviation/nickname/alias for you first name? (e.g. Elizabeth, abbreviation Betty)</p> <p>No <input type="checkbox"/> Go to question 3</p> <p>Yes <input type="checkbox"/> Give details below</p> <p>Name/s <input type="text"/></p>	<p>2. Do you currently use an abbreviation/ nickname/ alias for you first name? (e.g. Elizabeth, abbreviation Betty)</p> <p>No <input type="checkbox"/> Go to question 3</p> <p>Yes <input type="checkbox"/> Give details below</p> <p>Name/s <input type="text"/></p>

Applicant 1 surname \_\_\_\_\_

**Applicant 1**

3. Have you ever been known by any other name/s? Please tick.

No  Go to question 4

Yes  Give details below

- Name at birth
- Change following divorce
- Maiden name (before marriage)
- Alias
- Change by certificate/deed poll
- Different first/middle name
- Change the order of your name (e.g. known by middle name)

Birth name

Previous family name/s

Previous first name/s

Previous middle name/s

4. What Gender do you identify as:

5. Date of Birth

6. Place of Birth

Town/city

State

Country

**Applicant 2**

3. Have you ever been known by any other name/s? Please tick.

No  Go to question 4

Yes  Give details below

- Name at birth
- Change following divorce
- Maiden name (before marriage)
- Alias
- Change by certificate/deed poll
- Different first/middle name
- Change the order of your name (e.g. known by middle name)

Birth name

Previous family name/s

Previous first name/s

Previous middle name/s

4. What Gender do you identify as:

5. Date of Birth

6. Place of Birth

Town/city

State

Country

**Applicant 1**

7. Current residential address

  
  


Current postal address

  
  


Please provide details below of ALL past addresses (including overseas and interstate). If there is insufficient space please attach details on a separate page.

**Previous residential addresses** (please provide the date range you resided at these locations)

Dates: \_\_\_\_\_

  
  


Dates: \_\_\_\_\_

  
  


8. Your telephone numbers

Daytime

After Hours

Mobile

**Applicant 2**

7. Current residential address

  
  


Current postal address

  
  


Please provide details below of ALL past addresses (including overseas and interstate). If there is insufficient space please attach details on a separate page.

**Previous residential addresses** (please provide the date range you resided at these locations)

Dates: \_\_\_\_\_

  
  


Dates: \_\_\_\_\_

  
  


8. Your telephone numbers

Daytime

After Hours

Mobile

9. Do you identify as:

- Aboriginal
- Torres Strait Islander
- Aboriginal and Torres Strait Islander
- Australian South Sea Islander
- Other- please specify

10. What language do you speak at home?

- English
- Other – please specify

9. Do you identify as:

- Aboriginal
- Torres Strait Islander
- Aboriginal and Torres Strait Islander
- Australian South Sea Islander
- Other- please specify

10. What language do you speak at home?

- English
- Other – please specify

**Applicant 1**

**NOTE:** Section 11 **must** be completed in full. Even if you have no history, the 'No' box must be ticked. If 'Yes' is ticked, details must be provided.

**11. Self-disclosure by applicants**

Have you previously applied or been approved to be a foster carer or kinship carer in Queensland?

Yes       No

If yes, please provide details below:

Have you previously applied or been approved to be a carer interstate or overseas?

Yes       No

If yes, please provide details below:

If approval was previously granted, why did you cease to be a carer?

Have you had any involvement with a Queensland, interstate or international child protection agency?

Yes       No

If yes, please provide details below:

**Applicant 2**

**NOTE:** Section 11 **must** be completed in full. Even if you have no history, the 'No' box must be ticked. If 'Yes' is ticked, details must be provided.

**11. Self-disclosure by applicants**

Have you previously applied or been approved to be a foster carer or kinship carer in Queensland?

Yes       No

If yes, please provide details below:

Have you previously applied or been approved to be a carer interstate or overseas?

Yes       No

If yes, please provide details below:

If approval was previously granted, why did you cease to be a carer?

Have you had any involvement with a Queensland, interstate or international child protection agency?

Yes       No

If yes, please provide details below:

Applicant 1
<p>Do you have any criminal history information, including charges laid against you awaiting determination in Queensland, interstate or internationally?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If yes, please provide details below.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>Do you have any traffic history information, including fines and/or charges laid against you awaiting determination in Queensland, interstate or internationally?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If yes, please provide details below.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>Have you ever been the aggrieved or respondent in a domestic and family violence matter in Queensland, interstate or internationally?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If yes, please provide details below.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>Are you aware of any criminal history information including charges laid against a member of your household in Queensland, interstate or internationally?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If yes, please provide details below.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Applicant 2
<p>Do you have any criminal history information, including charges laid against you awaiting determination in Queensland, interstate or internationally?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If yes, please provide details below.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>Do you have any traffic history information, including fines and/or charges laid against you awaiting determination in Queensland, interstate or internationally?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If yes, please provide details below.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>Have you ever been the aggrieved or respondent in a domestic and family violence matter in Queensland, interstate or internationally?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If yes, please provide details below.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>Are you aware of any criminal history information including charges laid against a member of your household in Queensland, interstate or internationally?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If yes, please provide details below.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Do you provide or intend to provide regulated care services from the home?

Yes       No

If yes, please provide details below.

Family Day Care

Stand-alone care

Number of children at residence

Ages of children At residence

Do you provide or intend to provide regulated care services from the home?

Yes       No

If yes, please provide details below.

Family Day Care

Stand-alone care

Number of children at residence

Ages of children At residence

### Disclosure statement and privacy notice

The Department of Child Safety, Youth and Women (Child Safety) is collecting the personal information on this form for the purpose of assessing your application to become or continue to be a foster or kinship carer. This is authorised under the *Child Protection Act 1999* and the *Child Protection Regulation 2011*. Your personal information will be managed in accordance with the *Information Privacy Act 2009*.

**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 proceeding 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 parents. 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.

Child Safety may disclose relevant personal information to the Queensland Police Service, Blue Card Services (Public Safety Business Agency), Department of Transport and Main Roads, your nominated referees and your nominated medical practitioner.

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 Department of Child, Youth and Family Services.



**Consents**

**Training**

I understand that I may be required to complete any training reasonably required by Child Safety.

**Medical history**

I agree to undertake a medical examination and disclose my medical history.

**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 and International Social Services Australia and the New Zealand Department of Child, Youth and Family Services to:

- undertake criminal history, 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 become a carer to be provided to any third party who is vested with assessing my application.

I understand that my personal information will be handled in accordance with the *Information Privacy Act 2009* and relevant sections of the *Child Protection Act 1999*.

**Departmental office or Foster and Kinship Care Service Staff use only**

The privacy notice and consents have been explained to all applicants and they have stated that they understand the information provided to them by:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Referee checks**

I consent to Child Safety staff, foster and kinship care service staff or the appointed external assessor assessing my application and contacting my nominated referees for the purpose of obtaining a referee check.

**Applicant Consent**

I have read and understand the disclosure statement and privacy notice, consents, and confirm that the information in the application is correct. I consent to the medical and personal history checks described above.

Signature:	<input type="text"/>	Signature:	<input type="text"/>
Name:	<input type="text"/>	Name:	<input type="text"/>
Date:	<input type="text"/>	Date:	<input type="text"/>

Household Member	
Family Name	<input type="text"/>
First Name	<input type="text"/>
Middle Name	<input type="text"/>
Birth Name	<input type="text"/>
Other Names known by	<input type="text"/>
Gender	<input type="text"/>
Date of Birth	<input type="text"/>
Place of Birth	<input type="text"/>
State of Birth	<input type="text"/>
Country of Birth	<input type="text"/>
Current residential address	
<input type="text"/>	
<input type="text"/>	
Please provide details below of <u>ALL</u> past addresses (including overseas and interstate). If there is insufficient space please attach details on a separate page.	
<b>Previous residential addresses</b> (please provide the date range you resided at these locations)	
Dates:	<input type="text"/>
	<input type="text"/>
Dates:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Household Member	
Family Name	<input type="text"/>
First Name	<input type="text"/>
Middle Name	<input type="text"/>
Birth Name	<input type="text"/>
Other Names known by	<input type="text"/>
Gender	<input type="text"/>
Date of Birth	<input type="text"/>
Place of Birth	<input type="text"/>
State of Birth	<input type="text"/>
Country of Birth	<input type="text"/>
Current residential address	
<input type="text"/>	
<input type="text"/>	
Please provide details below of <u>ALL</u> past addresses (including overseas and interstate). If there is insufficient space please attach details on a separate page.	
<b>Previous residential addresses</b> (please provide the date range you resided at these locations)	
Dates:	<input type="text"/>
	<input type="text"/>
Dates:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

<p>What is your relationship to Applicant 1?</p> <input type="text"/>
<p>What is your relationship to Applicant 2?</p> <input type="text"/>
<p>Do you have a current Blue Card or Exemption Card?</p> <p><input type="checkbox"/> Yes... provide blue card details</p> <p><input type="checkbox"/> No... complete LINK to Child Safety</p> <p>Blue Card Number</p> <input type="text"/>
<p>Exemption Card Number</p> <input type="text"/>
<p>Blue Card Expiry Date (dd/mm/yyyy)</p> <input type="text"/>
<p><b>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.</b></p> <p>Account number provided by TMR through the Blue Card Registration process:</p> <input type="text"/>

<p>What is your relationship to Applicant 1?</p> <input type="text"/>
<p>What is your relationship to Applicant 2?</p> <input type="text"/>
<p>Do you have a current Blue Card or Exemption Card?</p> <p><input type="checkbox"/> Yes ... provide blue card details</p> <p><input type="checkbox"/> No... complete LINK to Child Safety</p> <p>Blue Card Number</p> <input type="text"/>
<p>Exemption Card Number</p> <input type="text"/>
<p>Blue Card Expiry Date (dd/mm/yyyy)</p> <input type="text"/>
<p><b>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.</b></p> <p>Account number provided by TMR through the Blue Card Registration process:</p> <input type="text"/>

**Adult householder 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 and International Social Services Australia and the New Zealand Department of Child, Youth and Family Services 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*.

**Departmental officer or Foster and Kinship Care Service staff use only**

The privacy notice and consents have been explained to all household members and they have stated that they understand the information provided to them by:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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.

Signature:	<input type="text"/>	Signature:	<input type="text"/>
Name:	<input type="text"/>	Name:	<input type="text"/>
Date:	<input type="text"/>	Date:	<input type="text"/>

**Part B – Departmental staff member to complete and forward to Central Screening Unit**

Mail to: PO Box 13126, George Street, Brisbane 4003  
Email: [Cscs\\_csu\\_process@communities.qld.gov.au](mailto:Cscs_csu_process@communities.qld.gov.au)

Application for initial approval		Application for initial approval cont...		
CSSC responsible for applicant's assessment <input style="width: 100%; height: 20px;" type="text"/>		Date application properly made (dd/mm/yyyy) <input style="width: 100%; height: 20px;" type="text"/>		
Region <input style="width: 100%; height: 20px;" type="text"/>		Does this application require provisional approval? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Suitability Outcome to be sent to <input style="width: 100%; height: 20px;" type="text"/>		<input type="checkbox"/> ID of applicant sighted by Child Safety office or Foster and Kinship Care Service _____		
Foster and Kinship Care Service (if relevant) <input style="width: 100%; height: 20px;" type="text"/>		<b>CSU OFFICE USE ONLY</b>		
Type of application (please tick only one)		File reference <input style="width: 100%; height: 20px;" type="text"/>		
<input type="checkbox"/> Approved Foster Carer (FC)		Application number <input style="width: 100%; height: 20px;" type="text"/>		
<input type="checkbox"/> Approved Kinship Carer (KC)		ICMS EOI/Application ID <input style="width: 100%; height: 20px;" type="text"/>		
<b>Name of applicant 1: _____</b>				
<b>Names of subject children (for kinship carer applications only)</b>				
Last Name	Given Names	Date of Birth	Gender	ICMS Person ID
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

**Verification of identity and linking to Child Safety – ONLY to be completed for applicants who already hold a Blue Card or Exemption Card.**

Foster or kinship carer applicant/s must produce their current Blue Card or Exemption Card issued by Blue Card Services:

- Current Positive Notice (Blue Card) or Exemption Card

Blue Card Number

Exemption Card Number

Blue Card Expiry (dd/mm/yyyy)

**AND** one other form of identification from the list below

Choose one of the following:

Current driver's license  License Number

Current passport  Passport Number

18+ Card  18+ card Number

Birth Certificate or Extract  Current Financial entitlement card issued by Centrelink

Other  Please specify

**LINK to Child Safety – ONLY to be used for applicants who don't have a current Blue Card or Exemption Card and have completed the Blue Card registration process.**

Account number provided by TMR through the Blue Card registration process

**AND** one other form of identification from the list below

Choose one of the following:

Current driver's license  License Number

Current passport  Passport Number

18+ Card  18+ card Number

Birth Certificate or Extract  Current Financial entitlement card issued by Centrelink

Other  Please specify

**Part C – Application for renewal of approval (Applicant to complete)**

Applicant 1	Applicant 2
Family Name <input type="text"/>	Family Name <input type="text"/>
First Name <input type="text"/>	First Name <input type="text"/>
Middle Name (if applicable) <input type="text"/>	Middle Name (if applicable) <input type="text"/>
Date of Birth <input type="text"/>	Date of Birth <input type="text"/>
Place of Birth <input type="text"/>	Place of Birth <input type="text"/>
State of Birth <input type="text"/>	State of Birth <input type="text"/>
Blue Card Number <input type="text"/>	Blue Card Number <input type="text"/>
Exemption Card Number <input type="text"/>	Exemption Card Number <input type="text"/>
Blue Card Expiry Date (dd/mm/yyyy) <input type="text"/>	Blue Card Expiry Date (dd/mm/yyyy) <input type="text"/>
Current residential address <input type="text"/>	Current residential address <input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Current postal address <input type="text"/>	Current postal address <input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Please provide details below of ALL past addresses (including overseas and interstate). If there is insufficient space please attach details on a separate page.

**Previous residential addresses** (please provide the date range you resided at these locations)

Dates: \_\_\_\_\_



Dates: \_\_\_\_\_



Your telephone numbers

Daytime

Mobile

Please provide details below of ALL past addresses (including overseas and interstate). If there is insufficient space please attach details on a separate page.

**Previous residential addresses** (please provide the date range you resided at these locations)

Dates: \_\_\_\_\_



Dates: \_\_\_\_\_



Your telephone numbers

Daytime

Mobile



**Applicant 1**

**NOTE:** This section must be completed in full. Even if you have no history, the 'No' box must be ticked. If 'Yes' is ticked, details must be provided.

Do you have any criminal history information, including charges laid against you awaiting determination in Queensland, interstate or internationally?

Yes       No

If yes, please provide details below.



Do you have any traffic history information, including fines and/or charges laid against you awaiting determination in Queensland, interstate or internationally?

Yes       No

If yes, please provide details below.



Have you ever been the aggrieved or respondent in a domestic and family violence matter in Queensland, interstate or internationally?

Yes       No

If yes, please provide details below.



Are you aware of any criminal history information including charges laid against a member of your household in Queensland, interstate or internationally?

Yes       No

If yes, please provide details below.



**Applicant 2**

**NOTE:** This section must be completed in full. Even if you have no history, the 'No' box must be ticked. If 'Yes' is ticked, details must be provided.

Do you have any criminal history information, including charges laid against you awaiting determination in Queensland, interstate or internationally?

Yes       No

If yes, please provide details below.



Do you have any traffic history information, including fines and/or charges laid against you awaiting determination in Queensland, interstate or internationally?

Yes       No

If yes, please provide details below.



Have you ever been the aggrieved or respondent in a domestic and family violence matter in Queensland, interstate or internationally?

Yes       No

If yes, please provide details below.



Are you aware of any criminal history information including charges laid against a member of your household in Queensland, interstate or internationally?

Yes       No

If yes, please provide details below.

Do you provide or intend to provide regulated care services from the home?

Yes       No

If yes, please provide details below.

Family Day Care

Stand-alone care

Number of children at residence

Ages of children At residence

Do you provide or intend to provide regulated care services from the home?

Yes       No

If yes, please provide details below.

Family Day Care

Stand-alone care

Number of children at residence

Ages of children At residence

### Disclosure statement and privacy notice

The Department of Child Safety, Youth and Women (Child Safety) is collecting the personal information on this form for the purpose of assessing your application to become or continue to be a foster or kinship carer. This is authorised under the *Child Protection Act 1999* and the *Child Protection Regulation 2011*. Your personal information will be managed in accordance with the *Information Privacy Act 2009*.

**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 proceeding 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 parents. 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.

Child Safety may disclose relevant personal information to the Queensland Police Service, Blue Card Services (Public Safety Business Agency), Department of Transport and Main Roads, your nominated referees and your nominated medical practitioner.

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 Department of Child, Youth and Family Services.

**CONSENTS**

**Training**

I understand that I may be required to complete any training reasonably required by Child Safety.

**Medical history**

As part of my Application for approval, I have provided a medical clearance from a general practitioner/ treating specialist. I agree to undertake a medical examination and disclose my medical history.

**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 and International Social Services Australia and the New Zealand Department of Child, Youth and Family Services to:

- undertake criminal history, 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 become a carer to be provided to any third party who is vested with assessing my application.

I understand that my personal information will be handled in accordance with the *Information Privacy Act 2009* and relevant sections of the *Child Protection Act 1999*.

**Departmental office or Foster and Kinship Care Service Staff use only**

The privacy notice and consents have been explained to all applicants and they have stated that they understand the information provided to them by:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Referee checks**

I consent to Child Safety staff, foster and kinship care service staff or the appointed external assessor assessing my application contacting my nominated referees for the purpose of obtaining a referee check.

**Applicant Consent**

I have read and understand the disclosure statement and privacy notice, consents, and confirm that the information in the application is correct. I consent to the medical and personal history checks described above.

Signature:   
Name:   
Date:

Signature:   
Name:   
Date:

Household Member	
Family Name	<input type="text"/>
First Name	<input type="text"/>
Middle Name	<input type="text"/>
Birth Name	<input type="text"/>
Other Names known by	<input type="text"/>
Gender	<input type="text"/>
Date of Birth	<input type="text"/>
Place of Birth	<input type="text"/>
State of Birth	<input type="text"/>
Country of Birth	<input type="text"/>
Current residential address	
<input type="text"/>	
<input type="text"/>	
Please provide details below of <u>ALL</u> past addresses (including overseas and interstate). If there is insufficient space please attach details on a separate page.	
<b>Previous residential addresses</b> (please provide the date range you resided at these locations)	
Dates:	<input type="text"/>
<input type="text"/>	
<input type="text"/>	
Dates:	<input type="text"/>
<input type="text"/>	
<input type="text"/>	

Household Member	
Family Name	<input type="text"/>
First Name	<input type="text"/>
Middle Name	<input type="text"/>
Birth Name	<input type="text"/>
Other Names known by	<input type="text"/>
Gender	<input type="text"/>
Date of Birth	<input type="text"/>
Place of Birth	<input type="text"/>
State of Birth	<input type="text"/>
Country of Birth	<input type="text"/>
Current residential address	
<input type="text"/>	
<input type="text"/>	
Please provide details below of <u>ALL</u> past addresses (including overseas and interstate). If there is insufficient space please attach details on a separate page.	
<b>Previous residential addresses</b> (please provide the date range you resided at these locations)	
Dates:	<input type="text"/>
<input type="text"/>	
<input type="text"/>	
Dates:	<input type="text"/>
<input type="text"/>	
<input type="text"/>	

<p>What is your relationship to Applicant 1?</p> <input type="text"/>
<p>What is your relationship to Applicant 2?</p> <input type="text"/>
<p>Do you have a current Blue Card or Exemption Card?</p> <p><input type="checkbox"/> Yes... provide blue card details</p> <p><input type="checkbox"/> No... complete LINK to Child Safety</p> <p>Blue Card Number</p> <input type="text"/>
<p>Exemption Card Number</p> <input type="text"/>
<p>Blue Card Expiry Date (dd/mm/yyyy)</p> <input type="text"/>
<p><b>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.</b></p> <p>Account number provided by TMR through the Blue Card Registration process:</p> <input type="text"/>

<p>What is your relationship to Applicant 1?</p> <input type="text"/>
<p>What is your relationship to Applicant 2?</p> <input type="text"/>
<p>Do you have a current Blue Card or Exemption Card?</p> <p><input type="checkbox"/> Yes... provide blue card details</p> <p><input type="checkbox"/> No... complete LINK to Child Safety</p> <p>Blue Card Number</p> <input type="text"/>
<p>Exemption Card Number</p> <input type="text"/>
<p>Blue Card Expiry Date (dd/mm/yyyy)</p> <input type="text"/>
<p><b>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.</b></p> <p>Account number provided by TMR through the Blue Card Registration process:</p> <input type="text"/>

**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 and International Social Services Australia and the New Zealand Department of Child, Youth and Family Services 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*.

**Departmental officer or Foster and Kinship Care Service staff use only**

The privacy notice and consents have been explained to all household members and they have stated that they understand the information provided to them by:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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 personal history checks described above.

Signature:

Signature:

Name:

Name:

Date:

Date:

**Part D – Departmental staff member to complete and forward to Central Screening Unit**

Mail to: PO Box 13126, George Street, Brisbane 4003  
email: [Cscs\\_csu\\_process@communities.qld.gov.au](mailto:Cscs_csu_process@communities.qld.gov.au)

Application for renewal approval	Application for renewal approval cont...
<p>CSSC responsible for applicant's assessment</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>Date application properly made (dd/mm/yyyy)</p> <input style="width: 100%; height: 20px;" type="text"/>
<p>Region</p> <input style="width: 100%; height: 20px;" type="text"/>	<hr style="border: 0; border-top: 1px solid black;"/>
<p>Suitability Outcome to be sent to</p> <input style="width: 100%; height: 20px;" type="text"/>	<p><b>CSU OFFICE USE ONLY</b></p>
<p>Foster and Kinship Care Service (if relevant)</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>File reference</p> <input style="width: 100%; height: 20px;" type="text"/>
<p>Type of application (please tick only one)</p> <p><input type="checkbox"/> Approved Foster Carer (FC)</p> <p><input type="checkbox"/> Approved Kinship Carer (KC)</p>	<p>Application number</p> <input style="width: 100%; height: 20px;" type="text"/>
	<p>ICMS EOI/Application ID</p> <input style="width: 100%; height: 20px;" type="text"/>

Name of applicant 1:				
Names of subject children (for kinship carer applications only)				
Last Name	Given Names	Date of Birth	Gender	ICMS Person ID
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>