



Confirmation of Child Safety and Personal History Screening - LCS Form 7

This form is to be completed by Directors, Managers, and persons performing risk-assessed roles, where the person is commencing with a new licensee and holds a current valid Child Safety and Personal History Screening recommendation that was issued for a different licensee.

NB: Nominees must undergo a full LCS2 Child Safety and Personal History Screening Check whenever a check is required, and therefore cannot submit this form in relation to their own personal history.

Privacy Notice

The Department of Child Safety, Seniors and Disability Services is undertaking Child Safety and Personal History Screening to assist in determining your ongoing suitability to be engaged in the provision of care services by licensed out-of-home care service providers.

This information is collected under the *Child Protection Act 1999* and the *Child Protection Regulation 2023* and is usually given to the Queensland Police Service, Department of Transport and Main Roads and Blue Card Services.

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, New Zealand and International Social Service Australia.

Your personal information will be handled in accordance with the *Information Privacy Act 2009 (Qld)*.

Part 1: Applicant Details

Applicant's role within organisation: (Please tick one)

Director Manager Residential care worker Other risk-assessed role

Family Name: _____ First Name: _____

Middle Name/s: _____ Date of Birth: _____

Current Address: _____ Suburb: _____ Postcode: _____ Telephone: _____

NB: Only provide previous address if a change has occurred since the last Child Safety and Personal History Screening Check was undertaken.

Previous Address: _____ Suburb: _____ Postcode: _____

Organisation that lodged the previous Child Safety and Personal History Screening Check application:

Organisation Name: _____

Suburb: _____ Postcode: _____

Street Address: _____ Telephone: _____

Part 2: Notification of Changes Since Previous Screening (to be completed by the applicant)

This section requests that the applicant provides details of changes which have occurred since the date of the applicant's last notification of Child Safety and Personal History Screening, including any of the following:

- Involvement in a Standards of Care Review or Harm Report Investigation and Assessment conducted by the Department of Child Safety, Seniors and Disability Services.
- Changes due to involvement with Queensland or interstate/international Child Protection Agencies.
- A change related to being a respondent in a domestic and family violence matter in Queensland, interstate or internationally.
- A change to traffic history information in Queensland, interstate or internationally. This includes vehicle offences involving liquor or other drugs, or dangerous operation of a vehicle.

Have any of the changes listed above occurred since the date of the last notification of Child Safety and Personal History Screening?

Yes

No

If "yes" was answered above, please provide details:

Signature of Applicant:

Date:

Part 3: Organisation Requesting Information (to be completed by the Nominee or Nominee's delegate)

Organisation Name:

Name of
Nominee/Delegate:

(Please print name in full)

Organisation Address:

Suburb:

Postcode:

Telephone:

MANDATORY – Email Address

(Where Notification of Child Safety and Personal History Screening email will be sent):

Licence Number:

OLL:

If not licensed has the organisation been invited to apply for a licence?

Yes

Signature of
Nominee/Delegate:

(Please print name in full)

Date:

Where to Send Completed Form:

For Manager/s, residential care workers or other risk-assessed roles email this completed document to csu_lcs_process@cyjma.qld.gov.au or **Post** to Central Screening Unit, Department of Child Safety, Seniors and Disability Services, Locked Bag 3405, Brisbane, Qld, 4001.

For Directors email this completed document (marked "confidential") to CS_Licensing@cyjma.qld.gov.au or **Post** to Child Safety Licensing, Department of Child Safety, Seniors and Disability Services, Locked Bag 3405, Brisbane, Qld, 4001.