

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.

| Applicant 1 information | |
|-------------------------|----------------------|
| Family name: | <input type="text"/> |
| Middle name: | <input type="text"/> |
| First name: | <input type="text"/> |
| Date of birth: | <input type="text"/> |

| Household member | |
|------------------|--|
| 1 | Title <input type="text"/> |
| | 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"/> |
| 2 | 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"/> |
| 3 | Contact details |
| | Mobile <input type="text"/> |
| | Other (if applicable) <input type="text"/> |
| | Email address <input type="text"/> |

| Household member | |
|------------------|--|
| 1 | Title <input type="text"/> |
| | 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"/> |
| 2 | 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"/> |
| 3 | Contact details |
| | Mobile <input type="text"/> |
| | Other (if applicable) <input type="text"/> |
| | Email address <input type="text"/> |

| Household member | |
|---|-------------------------------|
| 4 Current residential address | |
| <input type="text"/> | |
| <input type="text"/> | |
| State <input type="text"/> | Postcode <input type="text"/> |
| 5 Previous residential addresses | |
| <p>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 (<i>including overseas and interstate</i>).</p> <p>If there is insufficient space, please provide additional details on the pages provided at the end of this application.</p> | |
| Dates <input type="text"/> | <input type="text"/> |
| <input type="text"/> | |
| <input type="text"/> | |
| State <input type="text"/> | Postcode <input type="text"/> |
| Dates <input type="text"/> | <input type="text"/> |
| <input type="text"/> | |
| <input type="text"/> | |
| State <input type="text"/> | Postcode <input type="text"/> |
| 6 Relationship to Applicant/s | |
| <p><i>It is important that all the relevant relationships between applicant 1 and applicant 2 are listed in the appropriate boxes.</i></p> | |
| What is your relationship to Applicant 1? | |
| <input type="text"/> | |
| What is your relationship to Applicant 2? | |
| <input type="text"/> | |

| Household member | |
|---|-------------------------------|
| 4 Current residential address | |
| <input type="text"/> | |
| <input type="text"/> | |
| State <input type="text"/> | Postcode <input type="text"/> |
| 5 Previous residential addresses | |
| <p>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 (<i>including overseas and interstate</i>).</p> <p>If there is insufficient space, please provide additional details on the pages provided at the end of this application.</p> | |
| Dates <input type="text"/> | <input type="text"/> |
| <input type="text"/> | |
| <input type="text"/> | |
| State <input type="text"/> | Postcode <input type="text"/> |
| Dates <input type="text"/> | <input type="text"/> |
| <input type="text"/> | |
| <input type="text"/> | |
| State <input type="text"/> | Postcode <input type="text"/> |
| 6 Relationship to Applicant/s | |
| <p><i>It is important that all the relevant relationships between applicant 1 and applicant 2 are listed in the appropriate boxes.</i></p> | |
| What is your relationship to Applicant 1? | |
| <input type="text"/> | |
| What is your relationship to Applicant 2? | |
| <input type="text"/> | |

| Household member | |
|---|--|
| <p>7 Have you ever held a Queensland driver's license?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (<i>proceed to next question</i>)</p> <p>If yes, please provide your driver's license number?</p> <p>License number <input type="text"/> or</p> <p>your license number is unknown <input type="checkbox"/></p> | |
| <p>8 Do you have a Blue Card or Exemption Card?</p> <p><input type="checkbox"/> Yes.... provide blue card details below</p> <p><input type="checkbox"/> No..... complete LINK to Child Safety below</p> <p><input type="checkbox"/> N/A.... household member under 18 years</p> <p>If yes, Blue Card number? <input type="text"/></p> <p>Blue Card expiry? (dd/mm/yyyy) <input type="text"/></p> <p>If yes, Exemption Card number? <input type="text"/></p> <p>Exemption card expiry? (dd/mm/yyyy) <input type="text"/></p> | |
| <p>LINK to Child Safety</p> <p>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.</p> <p>Online account number provided by Blue Card Services: <input type="text"/></p> <p>Date online account number was received <input type="text"/></p> <p>If completing a paper based blue card application</p> <p>Complete and attach a Volunteer foster/kinship carer or adult member blue/exemption card application form AND provide one certified form of identification as per the instructions in the blue card application form .</p> | |

| Household member | |
|---|--|
| <p>7 Have you ever held a Queensland driver's license?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (<i>proceed to next question</i>)</p> <p>If yes, please provide your driver's license number?</p> <p>License number <input type="text"/> or</p> <p>your license number is unknown <input type="checkbox"/></p> | |
| <p>8 Do you have a Blue Card or Exemption Card?</p> <p><input type="checkbox"/> Yes.... provide blue card details below</p> <p><input type="checkbox"/> No..... complete LINK to Child Safety below</p> <p><input type="checkbox"/> N/A.... household member under 18 years</p> <p>If yes, Blue Card number? <input type="text"/></p> <p>Blue Card expiry date? (dd/mm/yyyy) <input type="text"/></p> <p>If yes, Exemption Card number? <input type="text"/></p> <p>Exemption card expiry? (dd/mm/yyyy) <input type="text"/></p> | |
| <p>LINK to Child Safety</p> <p>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.</p> <p>Online account number provided by Blue Card Services: <input type="text"/></p> <p>Date online account number was received <input type="text"/></p> <p>If completing a paper based blue card application</p> <p>Complete and attach a Volunteer foster/kinship carer or adult member blue/exemption card application form AND provide one certified form of identification as per the instructions in the blue card application form .</p> | |

Disclosure statement and privacy notice

The Department of Families, Seniors, Disability Services and Child Safety (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.

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.

| Adult household member | |
|------------------------|----------------------|
| Name | <input type="text"/> |
| Date | <input type="text"/> |
| Signature | <input type="text"/> |

| Adult household member | |
|------------------------|----------------------|
| Name | <input type="text"/> |
| Date | <input type="text"/> |
| Signature | <input type="text"/> |