

The Application for Initial Approval – Form 3 (APA Initial) is to be completed when a person is applying to become a foster or kinship carer.

Any Queensland resident aged 18 years and over may express an interest in becoming a foster carer. A foster carer can be male, female, single, married or partnered, a same sex couple, working full or part time, a full-time homemaker or retired, and from any cultural background.

If you are applying to become a foster or kinship carer and you live with your partner you will both need to complete this form to obtain a joint carer approval. A joint carer approval can also be sought with another adult who resides in the home such as an adult son or daughter.

When applying to become a foster or kinship carer you and any adult household members will be required to disclose and consent to the following:

- Personal history checks including:
 - Criminal history
 - Domestic and family violence
 - Traffic history
 - Child protection history

As part of this application process, you will also need to complete and submit the [Carer Health and Wellbeing Questionnaire](#) and obtain a [Blue Card or Exemption card](#) from Blue Card Services.

At their discretion, a CSSC Manager may request any of the following:

- a referee check, to be completed by the assessor
- a medical check with your nominated General Practitioner or treating medical practitioner identified on the Carer Health and Wellbeing questionnaire.
- an applicant's employer about their employment history
- specialist medical reports or a health plan
- international child protection checks if an applicant or adult household member has lived overseas for more than 6 months

On completion of this form applicants will be required to present their two forms of identification as indicated in the application form and verify their identity **in person** by providing the identification documents used in the application, to either:

- their nominated [Foster and Kinship care support agency](#) or
- at their local [Child Safety Service Centre](#)

Each form of identification that has been provided will be photocopied, verified, and attached to your application.

*For the purpose of this application form bank cards are **not** considered a form of identification and will not be accepted.*

[Additional information and guidance for questions when completing this application.](#)

Applicants are required to complete all questions in the form, where information is not applicable to you or other people recorded in the application an entry of N/A is to be provided.

APPLICANT INFORMATION

[Questions 1 to 6 – Personal history](#)

Ensure all names that you are or may have been 'known as' are recorded in question 1 and 6, including all middle names, if you do not have a middle name, please record N/A in this field.

ALL previous names need to be provided no matter how many you have been known by. When completing mandatory personal history checks a search is conducted under every name a person has been known by, including current and previous married names.

Applicants will need to be contacted if this information is not provided which may delay the progress of the application.

Question 5 – Australian residency status

If you are a temporary resident, you will be required to provide the original or verified copy of your visa when verifying your identity.

Question 12 – Do you provide or intend to provide regulated childcare services from your home, such as home-based family day care or other home-based care service?

For the purpose of this application form a regulated care service is a service that involves the education of, or care for children in your home, such as Family day care or a stand-alone care service. For more information on a regulated care service refer to the options below:

- [Family day care service](#)
- [Stand-alone care service](#)

Question 13 – Self disclosure by applicant/s

Where the question – ‘If approval was previously granted, why did you cease to be a carer?’ is applicable to you, ensure information is provided around why you ceased to be a carer including circumstances where you may have had your approval cancelled.

When responding to the questions around personal history information you must provide **ALL** known personal history information including criminal history and traffic history. Criminal history checks include all charges and convictions (including ‘[spent convictions](#)’).

For the question ‘Have you ever been the aggrieved or respondent in a domestic violence and family violence matter in Queensland, interstate or internationally?’ The ‘**aggrieved**’ is the **person who needs protection** from domestic violence; and the ‘**respondent**’ is the **person from whom the aggrieved seeks protection**.

Question 14 – Do you have a current blue card or exemption card?

A blue card or exemption card is part of the Queensland Government's Working With Children Check system designed to contribute to the creation of safe and supportive environments for children when receiving services or participating in activities. It is managed by Blue Card Services. All approved foster and kinship carers and adult members in their household are required by law to hold a blue card or exemption card.

Blue card applications can be submitted through the [blue card online portal](#) or via [paper application](#). Additional information is available at [Blue cards and exemption cards for foster and kinship carers – No Card No Start](#)

Applicants should use the additional page provided at the end of the application to ensure all required information is provided for each question.

For applicants who have more than 2 Household Members, please provide information for these additional household members on the [Addendum for Additional Household Members – Form 3C](#).

This form has the provision to be signed with a digital signature.

Any required information that is not provided in the application form may result in the delay of your application being progressed.

APPLICATION FOR INITIAL APPROVAL (*Applicant to complete*)

Applicant 1	
1 PERSONAL INFORMATION	
Title	<input type="text"/>
Family name	<input type="text"/>
First name	<input type="text"/>
Middle name (<i>if applicable</i>)	<input type="text"/>
Marital status	<input type="text"/>
Date of birth	<input type="text"/>
2 What gender do you identify as?	<input type="text"/>
3 Place of birth	
Town/city	<input type="text"/>
State	<input type="text"/>
Country	<input type="text"/>
4 Your contact details	
Mobile	<input type="text"/>
Other (<i>if applicable</i>)	<input type="text"/>
Email address	<input type="text"/>
5 Australian residency status	
If you are a temporary resident, you will be required to provide a copy of your visa when verifying your identification.	
<input type="checkbox"/> Permanent	
<input type="checkbox"/> Temporary... <i>provide visa expiry date below</i>	
Date of expiry	<input type="text"/>

Applicant 2	
1 PERSONAL INFORMATION	
Title	<input type="text"/>
Family name	<input type="text"/>
First name	<input type="text"/>
Middle name (<i>if applicable</i>)	<input type="text"/>
Marital status	<input type="text"/>
Date of birth	<input type="text"/>
2 What gender do you identify as?	<input type="text"/>
3 Place of birth	
Town/city	<input type="text"/>
State	<input type="text"/>
Country	<input type="text"/>
4 Your contact details	
Mobile	<input type="text"/>
Other (<i>if applicable</i>)	<input type="text"/>
Email address	<input type="text"/>
5 Australian residency status	
If you are a temporary resident, you will be required to provide a copy of your visa when verifying your identification.	
<input type="checkbox"/> Permanent	
<input type="checkbox"/> Temporary... <i>provide visa expiry date below</i>	
Date of expiry	<input type="text"/>

Applicant 1

6 Have you been known by any other name/s?

Please check all appropriate boxes

- No – go to question 7
 Yes – give details below

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

Full birth name

Previous family name/s

Previous first name/s

Previous middle name/s

Alias names

Do you currently use an abbreviation / nickname / alias for your first name? (*Elizabeth, abbreviation 'Betty'*)

- No – go to question 7
 Yes – give details below

Name

7 Current residential address

State

Postcode

Applicant 2

6 Have you been known by any other name/s?

Please check all appropriate boxes

- No – go to question 7
 Yes – give details below

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

Full birth name

Previous family name/s

Previous first name/s

Previous middle name/s

Alias names

Do you currently use an abbreviation / nickname / alias for your first name? (*Elizabeth, abbreviation 'Betty'*)

- No – go to question 7
 Yes – give details below

Name

7 Current residential address

State

Postcode

Applicant 1

Current postal address

(‘as above’ if same as residential information)

State

Postcode

8 Previous residential address

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 page provided at the end of this application.

Date range:

State

Postcode

Date range:

State

Postcode

Date range:

State

Postcode

Date range:

State

Postcode

Applicant 2

Current postal address

(‘as above’ if same as residential information)

State

Postcode

8 Previous residential address

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 page provided at the end of this application.

Date range:

State

Postcode

Date range:

State

Postcode

Date range:

State

Postcode

Date range:

State

Postcode

Applicant 1

9 Do you identify as:

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

10 What is the primary language spoken in your home?

- English
- Other – please specify below

11 What is your relationship to Applicant 2?

12 Do you provide or intend to provide regulated child care services from your home? such as home-based family day care or other home-based care service? (Refer to page 2 for details)

- Yes No

If yes, provide details below:

- Family day care
- Stand-alone care

Number of children at residence:

Ages of children at residence:

Applicant 2

9 Do you identify as:

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

10 What is the primary language spoken in your home?

- English
- Other – please specify below

11 What is your relationship to Applicant 1?

12 Do you provide or intend to provide regulated child care services from your home? such as home-based family day care or other home-based care service? (Refer to page 2 for details)

- Yes No

If yes, provide details below:

- Family day care
- Stand-alone care

Number of children as residence:

Ages of children at residence:

Applicant 1

13 SELF-DISCLOSURE

NOTE: Question 13 **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.

- a) 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:

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

Yes No

If yes, please provide details below:

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

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

Yes No

If yes, please provide details below:

- e) 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:

Applicant 2

13 SELF-DISCLOSURE

NOTE: Question 13 **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.

- a) 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:

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

Yes No

If yes, please provide details below:

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

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

Yes No

If yes, please provide details below:

- e) 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:

Applicant 1

f) Have you ever held a Queensland driver's license?

Yes No (*proceed to next question*)

If yes, please provide your driver's license number

License number or

your License number is unknown

g) 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:

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

Yes No

If yes, please provide details below:

i) Are you aware of any criminal, domestic violence, or traffic 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

f) Have you ever held a Queensland driver's license?

Yes No (*proceed to next question*)

If yes, please provide your driver's license number

License number or

your License number is unknown

g) 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:

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

Yes No

If yes, please provide details below:

i) Are you aware of any criminal, domestic violence or traffic 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 1

14 Do you have a current Blue Card or Exemption Card?

- Yes – provide details below
- No – complete **LINK to Child Safety**

Blue Card number

Blue Card expiry date

Exemption Card number

Exemption Card expiry date

LINK to Child Safety

Register for an online account number with Blue Card Services and provide your online account number below.

Online account number

Date online account number obtained

If completing a paper based blue card application

*Complete and attach a [Volunteer foster/kinship carer or adult member blue/exemption card application](#) form **AND** provide **one** certified form of identification with your application.*

Applicant 2

14 Do you have a current Blue Card or Exemption Card?

- Yes – provide details below
- No – complete **LINK to Child Safety**

Blue Card number

Blue Card expiry date

Exemption Card number

Exemption Card expiry date

LINK to Child Safety

Register for an online account number with Blue Card Services and provide your online account number below.

Online account number

Date online account number obtained

If completing a paper based blue card application

*Complete and attach a [Volunteer foster/kinship carer or adult member blue/exemption card application](#) form **AND** provide **one** certified form of identification with your application.*

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 your application to become a foster or kinship carer. 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, your nominated referees, your nominated medical practitioner and Foster and Kinship care agencies. If you change to a different Foster and Kinship care agency, the current agency will transfer your personal information to the new agency.

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.

Applicant 1

Verification of identity

Two forms of identification must be provided to verify your identity. A blue card, exemption card, Customer Reference number (CRN) or online account number provided by Blue Card Services can be used as one of the forms of identity.

Provide **two** forms of identification from the options below:

CRN number provided by TMR including:

- Driver's license number
- Adult Proof of Age Card Number (18+)

Expiry

Current passport number

Expiry

Current financial entitlement card issued by Centrelink

Expiry

Birth Certificate or Extract number

Blue Card or Exemption Card identified in question 14 – Applicant 1

Online Account number identified in question 14 – Applicant 1

If you are a temporary resident the original or certified copy of your visa is also required as part of your verification of identity

Temporary Visa (if applicable)

Applicant 2

Verification of identity

Two forms of identification must be provided to verify your identity. A blue card, exemption card, Customer Reference number (CRN) or online account number provided by Blue Card Services can be used as one of the forms of identity.

Provide **two** forms of identification from the options below:

CRN number provided by TMR including:

- Driver's license number
- Adult Proof of Age Card Number (18+)

Expiry

Current passport number

Expiry

Current financial entitlement card issued by Centrelink

Expiry

Birth Certificate or Extract number

Blue card or Exemption card identified in question 14 – Applicant 2

Online Account number identified in question 14 – Applicant 2

If you are a temporary resident the original or certified copy of your visa is also required as part of your verification of identity

Temporary Visa (if applicable)

Child Safety officer or Foster and Kinship Care Service staff use only

Verification of Identity - Where an applicant already holds a current blue card or exemption card, the card must be sighted as part of their verification of identity.

Identification verified by Child Safety Foster and Kinship care agency

Name Position

Foster and Kinship Care Agency (if identified above)

I have sighted and verified the required identification shown above for the applicant/s:

Signature Date

Consent requirements for Applicants

Training

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

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 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 being provided to any third party who is authorised to assess my application and/or provide ongoing support to me should this application be approved e.g., Foster and kinship care agency.

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

Applicant consent

I have read and understand the disclosure statement and privacy notice and provide consent in accordance with the consent requirements listed above. I confirm that the information in the application is correct.

Applicant 1	
Name	<input type="text"/>
Date	<input type="text"/>
Signature	<input type="text"/>

Applicant 2	
Name	<input type="text"/>
Date	<input type="text"/>
Signature	<input type="text"/>

HOUSEHOLD MEMBERS

The below section will need to be completed for **all Household members**.

Who is considered a household member?

A household member includes adults and children who are residing in the home with the carer or may also be another adult who does not live with you but is a regular or frequent visitor to your home or property. This may include a new partner, as well as extended family members and others in your personal network who have regular and frequent contact with your household. Although they are not residents, the nature of their contact might present a risk of harm to the child in your care if they are not appropriately checked.

Child Safety needs to know who is living with you or regularly spending time in your home, as this person will likely have some contact with the child we have placed in your care. All approved foster and kinship carers are required to provide this information to Child Safety (*Child Protection Act 1999*, section 141G).

The decision about whether or not someone is a household member will be made by the Child Safety Service Centre Manager. They will take into account the nature and context of this person's contact with the child placed into your care.

Each household member must complete this section including the applicant's own children. The applicant's biological or stepchildren and any child who is in the long term or permanent guardianship of the applicant/s should be recorded as a household member.

Question 20

Household members aged under 18 years are not subject to traffic or domestic violence checks. Child Protection checks will be undertaken to assist in the determination of suitability of the applicants.

All **adult** household members aged 18 years and over are required to give signed consent to the undertaking of personal history checks which include child protection, criminal, traffic and domestic violence history.

Adult household members are required to hold a current blue card or exemption card prior to joining a carer household. The only exception to this rule is if the adult household member is part of a provisionally approved carer household.

Where an applicant is provisionally approved, adult household members will undergo criminal history checks conducted by Child Safety in addition to child protection history checks, domestic violence, and traffic history checks. Criminal history checks include all charges and convictions (including '[spent convictions](#)').

A parent of a child in care who is living in the same household as the child does not require a blue card.

Where an adult household member has lived in New Zealand or interstate for more than six months in the last five years, New Zealand and interstate criminal and child protection history checks will be conducted. All adult household members will be required to consent to have personal history checks completed and consent to the disclosure statement and privacy notice.

If you have more than 2 household members, please provide information for these additional household members on the [Addendum for Additional Household Members – Form 3C](#).

Household member	
15	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"/>

Household member	
15	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"/>

Household member	
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"/>
16 Contact details	
Mobile	<input type="text"/>
Other (if applicable)	<input type="text"/>
Email address	<input type="text"/>
17 Current residential address	
<input type="text"/>	
<input type="text"/>	
State	<input type="text"/>
Postcode	<input type="text"/>
18 Previous residential address	
<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><i>If there is insufficient space, please provide additional details on the pages provided at the end of this application.</i></p>	
Dates	<input type="text"/>
<input type="text"/>	
<input type="text"/>	
State	<input type="text"/>
Postcode	<input type="text"/>

Household member	
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"/>
16 Contact details	
Mobile	<input type="text"/>
Other (if applicable)	<input type="text"/>
Email address	<input type="text"/>
17 Current residential address	
<input type="text"/>	
<input type="text"/>	
State	<input type="text"/>
Postcode	<input type="text"/>
18 Previous residential address	
<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><i>If there is insufficient space, please provide additional details on the pages provided at the end of this application</i></p>	
Dates	<input type="text"/>
<input type="text"/>	
<input type="text"/>	
State	<input type="text"/>
Postcode	<input type="text"/>

Household member

Dates

State Postcode

Dates

State Postcode

Household member

Dates

State Postcode

Dates

State Postcode

19 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 2?

19 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 2?

20 Have you ever held a Queensland driver's license?

Yes No (*proceed to next question*)

If yes, please provide your driver's license number?

License number or

your license number is unknown

20 Have you ever held a Queensland driver's license?

Yes No (*proceed to next question*)

If yes, please provide your driver's license number?

License number or

your license number is unknown

Household member

21 Do you have a Blue Card or Exemption Card?

Yes.... provide blue card details below

No..... complete **LINK to Child Safety** below

N/A.... household member under 18 years

If yes, Blue Card number?

Blue Card expiry date? (dd/mm/yyyy)

If yes, Exemption Card number?

Exemption card expiry? (dd/mm/yyyy)

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.

Online account number provided by Blue Card Services:

Date online account number was received

If completing a paper based blue card application

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 .

Household member

21 Do you have a Blue Card or Exemption Card?

Yes.... provide blue card details below

No..... complete **LINK to Child Safety** below

N/A.... household member under 18 years

If yes, Blue Card number?

Blue Card expiry date? (dd/mm/yyyy)

If yes, Exemption Card number?

Exemption card expiry? (dd/mm/yyyy)

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.

Online account number provided by Blue Card Services:

Date online account number was received

If completing a paper based blue card application

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 .

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*.

Adult 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"/>

Additional information that could not be provided in the application above can be provided in the fields below.

- *Please provide the question number that the information relates to in each of the fields below.*
- *Additional Household fields have also been provided below if required*

Question number

Question number

Question number

Question number

CHILD SAFETY TO COMPLETE

Child Safety staff member to complete and forward to Central Screening Unit

Email: Cscs_csu_process@communities.qld.gov.au

Application for Initial Approval

Type of application (please tick one only) Kinship Carer Foster Carer

Does this application require a Provisional Approval Yes No

Is the application properly made? Yes Date application properly made

Suitability outcome to be sent to Region

CSSC responsible for applicant's application

Supporting Foster and Kinship Care agency (if relevant)

Name of applicant 1

Names of subject children (for foster carer-specific child/ren and kinship applications only)

Last name	Given names	Date of birth	Gender	ICMS Person ID
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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File reference

Application number

ICMS EOI / Application ID