

The Approved kinship carer – subsequent initial application and assessment – Form 3D is to be completed when an approved kinship carer is applying to care for an additional child or young person who is their kin.

The *Child Protection Act 1999* s135(1)(b)(i) and (vi) in conjunction with s135(2) provides specific approval provisions for an approved kinship carer who cares for 1 or more other children to apply and be assessed for an additional child or young person who is their kin.

This application and assessment form is to be completed by either:

- a Child Safety staff member,
- foster or kinship care agency support worker or
- an assessor

As part of this application process, if indicated by the applicant's circumstances a [Carer Health and Wellbeing Questionnaire](#) may be required to be completed and submitted with this application and assessment.

The applicant will be required to complete a [Changes in carer circumstances - Form 39](#) should any changes to their personal circumstances be identified as part of this application and assessment.

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



APPLICATION SECTION

Applicant 1

1 PERSONAL INFORMATION

Title

Family name

First name

Middle name *(if applicable)*

Marital status

Date of birth

2 Contact details

Mobile

Other *(if applicable)*

Email address

Applicant 2

1 PERSONAL INFORMATION

Title

Family name

First name

Middle name *(if applicable)*

Marital status

Date of birth

2 Contact details

Mobile

Other *(if applicable)*

Email address

Name of subject child /ren				
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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 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*.

If you change to a different Foster and Kinship care agency, the current agency will transfer your personal information to the new agency.

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 kinship carer, such as long-term Child Protection Orders.

Consent requirements for applicants

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

Applicant consent

I have read and understand the disclosure statement and privacy notice and 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"/>

ASSESSMENT SECTION

Where a care arrangement is being considered for a sibling or another child who is kin of an approved kinship carer, a new certificate of approval is required for each additional child.

As part of an assessment for subsequent applications for approval to be a child's kinship carer, consider the assessment information that was gathered as part of the assessment for the carer's current certificate of approval, if the certificate of approval was issued within the last three years.

Unless specifically indicated by the applicant's circumstances, there is no requirement to complete additional [Carer health and wellbeing questionnaire](#).

The assessment for approval needs to only consider:

- whether there is a kinship relationship between the child and
- the person's ability to help achieve the case plan goals for keeping the child safe (which includes support that may be required).

In 'Other assessment information' address any new information to inform the new approval decision, including:

- changes to the carer's personal circumstances
- consider any additional information the carer may need to be informed of relative to the Household Safety Study *e.g., if the kinship carer is applying to care for a baby under one years of age, are they aware of the sleeping requirements for babies and young children i.e., SIDS*

Case plan information regarding the child/ren is to be recorded as per usual case management requirements.

This assessment report together with the most recent assessment report (*either initial or renewal*) relating to the child the kinship carer holds a certificate of approval will be submitted to the CSSC Manager.

ASSESSOR DETAILS

Assessment completed by	<input type="text"/>
Position	<input type="text"/>
Email	<input type="text"/>
Phone / mobile	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

ASSESSMENT DETAILS

Applicant 1	Applicant 2
Relationship of the applicant/s to the child or young person	
<input type="text"/>	<input type="text"/>
Is the applicant a departmental employee?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, complete the Advice to regional director form and where applicable, the Conflict of interest declaration.</i>	<i>If yes, complete the Advice to regional director form and where applicable, the Conflict of interest declaration.</i>

VIEWS ABOUT THE CARE ARRANGEMENT WITH THE KINSHIP CARER/S APPLICANT

Provide each child or young person's views about the care arrangement with the kinship carer/s applicant

Parents views

Name (add an attachment if required)	Has the parent's views been sought?
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Record the views of the parents about the care arrangement, or the reason as to why the views of the parents cannot be obtained

ASSESSMENT DOMAINS

Relationship with the child/young person

Understanding of, and attitude towards the child protection issues and the need for a care arrangement

Personal capacity to be a kinship carer and ability to meet the specific needs of the child/young person

OTHER ASSESSMENT INFORMATION

Record any new information of relevance to the assessment of the kinship carer/s

RECOMMENDATION AND REASONS

Are you satisfied that, in accordance with section 135 of the *Child Protection Act 1999* and section 24 of the *Child Protection Regulation 2023*, that the applicant:

2. Yes No
4. Yes No

RECOMMENDATION FOR APPROVAL

Does the assessor recommend the applicant for approval? Yes No

If no, provide rationale for not supporting an approval?

Are there any identified conditions required to be included on the certificate of approval? Yes No

If yes, provide rationale for proposed condition:

APPLICANTS SIGNATURE AND COMMENTS

APPLICANT 1

I have read the assessment report and recommendation and have had the opportunity to make comments below.

Comments:

Applicant signature:

Date:

APPLICANT 2

I have read the assessment report and recommendation and have had the opportunity to make comments below.

Comments:

Applicant signature:

Date:

APPROVAL

Is the Subsequent kinship carer initial application and assessment approved?

Yes No

If no, provide a rationale why the application and assessment is not supported?

Name of delegated decision maker:

Position/Role:

Date:

Signature: