

## Disclosure and Privacy Notice

The Department Child Safety, Seniors and Disability Services (Child Safety) is collecting the personal information on this form for the purpose of assessing the carer applicant for consideration to become an approved foster or kinship carer. The collection of this information is authorised by the *Child Protection Act 1999* and the Child Protection Regulation 2023. Your personal information will be treated in accordance with the *Information Privacy Act 2009*.

Under the *Children's Court Rules 2016* and the *Director of Child Protection Litigation Act 2016*, the department 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 the department 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.

As part of the foster or kinship carer application process, applicants are required to complete a Carer health and wellbeing questionnaire. Each carer applicant is required to complete their own Carer health and wellbeing questionnaire.

At their discretion, a Child Safety Service Centre (CSSC) Manager may request either:

- a medical check with your General Practitioner or other treating medical practitioner as identified in the [Carer applicant – Authority to release medical information](#)
- specialist medical reports or health plan

This questionnaire is to assist in the determination of a carer applicant's assessment to become an approved carer.

If completing the Carer health and wellbeing questionnaire as part of an [Application for Initial Approval – Form 3A](#) (APA Initial) please ensure the questionnaire and the APA Initial is submitted to either:

- the applicants nominated [Foster and Kinship care support agency](#) or
- the applicants local [CSSC](#)

If completing the Carer health and wellbeing questionnaire as part of an [Application for Renewal of Approval – Form 3B](#) (APA Renewal) please ensure the questionnaire and the APA Renewal is submitted to either:

- the applicants local [CSSC](#) or
- the applicants local Placement Services Unit (PSU) / Placement Services and Support (PSS)

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## Additional information and guidance for questions when completing this questionnaire

Ensure that every question has a response, even if this response is N/A.

### General health questions 1-4

Examples of health conditions have been included for questions 1 to 4, these have been provided to assist you in understanding the information that is being asked, note that these examples are not exhaustive and are to be used as a guide only.

### Immunisation information

For information on why a person cannot be immunised for medical reasons please refer to the Queensland Health information page [Who cannot be immunised](#)

## Personal details

Mr
  Mrs
  Ms
  Miss
  Other:

Family name:

Given name:

Middle name:

Date of Birth:

Gender:

Address:

State:

Postcode:

Do you identify as:

- Aboriginal  
 Torres Strait Islander  
 Aboriginal and Torres Strait Islander  
 Neither Aboriginal nor Torres Strait Islander

How would you describe your overall health? *(Tick one)*
 Excellent
  Good
  Fair
  Poor

## Physical health

### 1. Do you have any physical health conditions?

*(e.g., asthma, severe allergies, or an acquired injury i.e., injury to your back)*

Yes

No

If yes, do you take any prescribed medication for this health condition?

N/A

Yes

No

*If yes, provide relevant details that this condition may have on your ability to care for a child or young person placed in your care by Child Safety.*

### 2. Do you have a neurological disorder?

*(e.g., Epilepsy, Parkinson's disease, Dementia, Multiple sclerosis)*

Yes

No

If yes, do you take any prescribed medication for this health condition?

N/A

Yes

No

*If yes, provide relevant details that this condition may have on your ability to care for a child or young person placed in your care by Child Safety.*

3. **Do you have a communicable disease?**  
(e.g., Hepatitis B/C, HIV, Tuberculosis)

Yes

No

If yes, do you take any prescribed medication for this health condition?

N/A

Yes

No

If yes, provide relevant details that this condition may have on your ability to care for a child or young person placed in your care by Child Safety.

## Mental health

4. **Do you have a mental health diagnosis?**  
(e.g., Anxiety, Depression, PTSD, Schizophrenia, Bipolar disorder)

Yes

No

If yes, do you take any prescribed medication for this health condition?

N/A

Yes

No

If yes, provide relevant details that this condition may have on your ability to care for a child or young person placed in your care by Child Safety.

## Immunisation information

Please identify your stance on immunisation by choosing one of the below options:

- I am **supportive** of immunisation and receive vaccinations.
- I am **unable** to be immunised for medical reasons.
- I **do not** support immunisation or receive vaccinations

If you indicated that you **are supportive** of immunisation, please answer the below questions.

5. **Do you regularly receive immunisations as an adult?**  
(i.e., influenza, covid-19/ booster)

Yes

No

6. **Have you received a booster dose of the pertussis (whooping cough) vaccine in the past 10 years?**

Yes

No

7. **Have you been vaccinated against MMR (measles, mumps and rubella)?**

Yes

No

8. **Have you been vaccinated against chicken pox (varicella), if not immune?**

Yes

No

**Should you have any further comments around immunisation, please provide these below.**

## Lifestyle

**9. Do you drink alcohol?**

Yes

No

Sometimes

*If you answered yes or sometimes, how much do you drink in a week?*

**10. Do you smoke or vape?**

Yes

No

Sometimes

*If you answered yes or sometimes, how much do you smoke or vape in a day?*

**11. Have you sought or received any treatment for any addictions?  
(e.g., drugs, alcohol, nicotine, vaping or gambling)**

Yes

No

*If you answered yes or sometimes, provide all relevant information?*

## Other

**12. Do you have any other health conditions that Child Safety and your foster and kinship care agency should be aware of to help inform and support you when caring for any potential or existing children and young people placed in your care by Child Safety?**

Yes

No

*If yes, provide relevant details that this condition may have on your ability to care for a child or young person placed in your care by Child Safety.*

**13. Do you have any other illness or disability that may impact your ability to provide care to a child or young person who may be placed in your care under the *Child Protection Act 1999*?**

Yes

No

*If yes, provide relevant details that this condition may have on your ability to care for a child or young person placed in your care by Child Safety.*

**14. Other than those mentioned above do you take any other medication?**  
*(e.g., prescription, traditional, alternative)*

Yes

No

*If yes, provide relevant details that these medications may have on your ability to care for a child or young person placed in your care by Child Safety.*

## Applicant's confirmation of information

*I confirm that the above information is true and correct*

Name:

Date:

Signature: