**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 or continue to be 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*.

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 proceeding 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 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.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | | |  | | | | | | |  | | | |  | | |  | | | | | | |  |
|  | **CARER DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | |  | | | | | | |  | | | |  | | |  | | | | | | |  |
|  |  | Mr |  | | Mrs | | |  | | Ms |  | | Miss |  |  | | Other: | | | |  | | | | | | | |  |  |
|  |  | | | | | | | |  | | | | | | |  | | | | |  | |  | | | | | | |  |
|  | Family name: | | |  | | | | | | | | | | | | | | | | |  | |  | | | | | | |  |
|  |  | | | | | | | |  | | | | | |  | | | | | |  | |  | | | | | | |  |
|  | Given name: | | |  | | | | | | | | | | | Middle name: | | | | | |  | | | | | | | | |  |
|  |  | | |  | | | | | | | | | | |  | | | | | |  | |  | | | | | | |  |
|  | Date of Birth: | | |  | | | | | | | |  | | | Gender: | | | | | |  | | | | | | |  | |  |
|  |  | | | | | | | |  | | | | | |  | | | | | |  | |  | | | | | | |  |
|  | *Provide Information below as known by Child Safety:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Address: | | |  | | | | | | | | | | | State: | | | | | |  | | | |  | | | | |  |
|  |  | | |  | | | | | | | | | | |  | | | | | |  | | | |  | | | | |  |
|  |  | | |  | | | | | | | | | | | Postcode: | | | | | |  | | | |  | | | | |  |
|  |  | | |  | | | | | | | | | | |  | | | | | |  | | |  | | | | | |  |
|  |  | | |  | | | | | | | | | | |  | | | | | | |  | | | | | |  | |  |
|  |  | | |  | | | | | | | | | | |  | | | | | |  | | |  | | | | | |  |
|  | Email: | | |  | | | | | | | | | | | | | | | Contact number: | | | | | | |  | | | |  |
|  |  | | |  | | | | | | | | | | |  | | | | | |  | | | | | | | | |  |
|  |  | | |  | | | | | | | | | | | |  | | | | |  | | |  | | | | | |  |
|  |  | | | | | | | |  | | | | | | |  | | | | |  | | |  | | | | | |  |
|  | **I CONFIRM THE INFORMATION PROVIDED IN THE FORM IS CORRECT:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | |  | | | | | | |  | | | |  | | |  | | | | | | |  |
|  | Carer name: | | | | | |  | | | | | | | | | | |  | | Date: | | |  | | | |  | | |  |
|  |  | | | | |  | | | | | | | | | | | |  | |  | | |  | | | | | | |  |
|  | Carer’s signature: | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  |
|  |  | | | | |  | | | | | | | | | | | |  | |  | | |  | | | | | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | |  |  | | | |  |  | |  |
|  | **CHANGE IN CARER CIRCUMSTANCE** *(identify what your change relates to from the options below)* | | | | | | | | | |  |
|  |  | |  |  | | | |  |  | |  |
|  | **CARER CHANGES** *(complete all that apply)* | | | | | | | | | |  |
|  |  | |  |  | | | |  |  | |  |
|  | 1. Change of address or contact number? | | | | | | | Yes | No | |  |
|  | *Provide change of address details below:* | | | | | | |  |  | |  |
|  |  | | | | | | |  |  | |  |
|  | New address: |  | | | State: |  | |  |  | |  |
|  |  |  | | |  |  | |  |  | |  |
|  |  |  | | | Postcode: |  | |  |  | |  |
|  |  |  | | |  |  | |  |  | |  |
|  |  |  | | |  | |  | | |  |  |
|  |  | | | | | | |  |  | |  |
|  |  | | | | | | |  |  | |  |
|  | 1. Change in spousal relationship *e.g., separation, divorce, new partner, death of a partner* | | | | | | | Yes | No | |  |
|  | *Provide details below:* | | | | | | |  |  | |  |
|  |  | | | | | | | | | |  |
|  |  | | | | | | |  |  | |  |
|  | 1. Change in personal circumstances *e.g., health concerns, employment changes* | | | | | | | Yes | No | |  |
|  | *Provide details below:* | | | | | | |  |  | |  |
|  |  | | | | | | | | | |  |
|  |  | | | | | | |  |  | |  |
|  | 1. Change due to your involvement with Child Safety or any interstate/ international child protection agency. | | | | | | | Yes | No | |  |
|  | *Provide details below:* | | | | | | |  |  | |  |
|  |  | | | | | | | | | |  |
|  |  | | | | | | |  |  | |  |
|  | 1. Change due to a change in criminal history, including charges laid against you awaiting determination in Queensland, interstate or internationally. | | | | | | | Yes | No | |  |
|  | *Provide details below:* | | | | | | |  |  | |  |
|  |  | | | | | | | | | |  |
|  |  | | | | | | |  |  | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  | |
|  | 1. Change due to a change in traffic history, including fines and/or charges laid against you awaiting determination in Queensland, interstate or internationally. *Note this question only refers to charges of the following nature:*    1. *driving under the influence of drugs and/or alcohol and*    2. *dangerous driving.* | | Yes | No | |  |
|  | *Provide details below:* | |  |  | |  |
|  |  | | | | |  |
|  |  | |  |  | |  |
|  |  | |  |  | |  |
|  | *If yes*, provide your driver’s license number: | |  | | |  |
|  |  | |  |  | |  |
|  |  | |  |  | |  |
|  | 1. Change related to you being the aggrieved or respondent in a domestic or family violence matter in Queensland, interstate or internationally? | | Yes | No | |  |
|  | *Provide details below:* | |  |  | |  |
|  |  | | | | |  |
|  |  | |  |  | |  |
|  | 1. Change related to your intention to provide care to other children *e.g., relatives or family day care?* | | Yes | No | |  |
|  | *Provide details below:* | |  |  | |  |
|  |  | | | | |  |
|  |  | |  |  | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | |  |
|  | **HOUSEHOLD MEMBER CHANGES** | | | | |  |
|  |  | |  |  | |  |
|  | 1. Change due to the involvement or suspected involvement of a household member with Child Safety or any interstate/international child protection agency? | | Yes | No | |  |
|  | *Provide details below:* | |  |  | |  |
|  |  | | | | |  |
|  |  | | | | |  |
|  | 1. Changes or suspected changes in a household member’s criminal history including charges laid against the household member awaiting determination in Queensland, interstate or internationally? | | Yes | No | |  |
|  | *Provide details below:* | |  |  | |  |
|  |  | | | | |  |
|  |  | |  |  | |  |
|  | 1. Change or suspected change related to a household member being the aggrieved or respondent in a domestic and family violence matter in Queensland, interstate or internationally? | | Yes | No | |  |
|  | *Provide details below:* | |  |  | |  |
|  |  | | | | |  |
|  |  |  | | |  |  |
|  |  | | | | |  |
|  | All adult household members are required to obtain a Blue Card prior to joining a carer household, there are only 2 exemptions to this requirement:   1. *the carer is a provisionally approved carer, whose substantive application to be a carer is in progress (refer to the Working with Children (Risk Management and Screening) Act 2000,* [*schedule 1, section 14(2),*](https://www.legislation.qld.gov.au/view/html/inforce/current/act-2000-060#sch.1-sec.14) 2. *the person was a child living in the carer household and has just turned 18 years (refer to Child Protection Act 1999,* [*section 148D*](https://www.legislation.qld.gov.au/view/html/inforce/current/act-1999-010#sec.148D)*)*   A member of a person’s household (Schedule 3 of the *Child Protection Act 1999*) includes:   * someone who lives in the person’s home * an adult who, because of the nature of their contact with the child in need of protection and the context in which that contact happens, may create an unacceptable level of risk to the child   It does not include a parent of the child living in the person’s home if the child was placed in the care of the person under section 82(1) of the *Child Protection Act 1999.* | | | | |  |
|  |  | | | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | | | | |  |
|  | **Is the change due to a change in household membership?**  *(i.e., a person intending to become, becoming, or ceasing to be a household member)* | | | | | | | Yes | No | |  |
|  | *Provide details below:* | | | | | | |  | |  |  |
|  |  | | | | | | | | | |  |
|  |  | | | | | | |  | |  |  |
|  |  | |  |  | | | |  | |  |  |
|  |  | |  |  | | | |  | |  |  |
|  | **ADULT HOUSEHOLD MEMBER INTENDING TO JOIN THE HOUSEHOLD** | | | | | | | | | |  |
|  |  | |  |  | | | |  | |  |  |
|  | Where the person intending to join the household is an adult, they will need to immediately complete a “*New Adult Household Member*” form and begin the blue card or exemption card application process, if they don’t already hold one. | | | | | | | | | |  |
|  |  | | | | | | | | | |  |
|  | Name: |  | | | | Date: |  | | |  |  |
|  |  | |  |  | | | |  | |  |  |
|  | Adult household member’s signature: | | | |  | | | | |  |  |
|  |  | |  |  | | | |  | |  |  |
|  | ***Note:*** *The signature of the adult household member is only required when the adult household member intends to join the household and should be obtained wherever possible.* | | | | | | | | | |  |
|  |  | |  |  | | | |  | |  |  |