

<p><b>Office use only</b></p> <p><b>Fact sheets</b> <i>(please tick fact sheets supplied)</i></p> <p>Becoming a foster carer <input type="checkbox"/> Foster care allowances <input type="checkbox"/></p> <p>Information for Indigenous communities <input type="checkbox"/> Information for relative carers <input type="checkbox"/></p> <p>Information for respite carers <input type="checkbox"/> Legislative requirements for providing quality care <input type="checkbox"/></p> <p>Steps to becoming a foster carer <input type="checkbox"/> Testimonies about foster care <input type="checkbox"/></p> <p>Other, <i>please specify</i> <input style="width: 400px; height: 20px;" type="text"/></p>	<p>ICMS ID Number: <input style="width: 100%; height: 20px;" type="text"/></p> <p>Reference Name: <input style="width: 100%; height: 20px;" type="text"/></p> <p>Date of Inquiry: <input style="width: 100%; height: 20px;" type="text"/></p> <p>Actioning Officer: <input style="width: 100%; height: 20px;" type="text"/></p>
<p><b>Outcome of Initial Inquiry</b></p> <p>Home interview <input type="checkbox"/> Further consideration <input type="checkbox"/></p> <p>Information session <input type="checkbox"/> Not interested in progressing further <input type="checkbox"/></p> <p>Referred elsewhere:</p> <p style="padding-left: 20px;">Other Child Safety Service Centre <input type="checkbox"/> Fostering Agency <input type="checkbox"/></p> <p style="padding-left: 20px;">Fostering Agency name <input style="width: 400px; height: 20px;" type="text"/></p> <p style="padding-left: 20px;">Other, <i>please specify</i> <input style="width: 400px; height: 20px;" type="text"/></p>	<p><b>Preferred Times:</b></p> <p><b>Interviews:</b></p> <p>Saturdays <input type="checkbox"/></p> <p>Weeknights <input type="checkbox"/></p> <p>During standard working hours <input type="checkbox"/></p> <p><b>Information session:</b></p> <p>Saturdays <input type="checkbox"/></p> <p>Weeknights <input type="checkbox"/></p> <p>During standard working hours <input type="checkbox"/></p> <p><b>Training:</b></p> <p>Saturdays <input type="checkbox"/></p> <p>Weeknights <input type="checkbox"/></p> <p>During standard working hours <input type="checkbox"/></p>
<p>Initial Inquiry Assessment <input style="width: 400px; height: 20px;" type="text"/></p> <p style="padding-left: 20px;"><i>Please comment</i></p> <p>Appropriate/Not appropriate <input style="width: 400px; height: 20px;" type="text"/></p>	

**Privacy notice**

The Department of Child Safety, Seniors, and Disability Services (Child Safety) is collecting personal information on this form to assist with a preliminary assessment of your expression of interest in becoming approved foster carers. The *Child Protection Act 1999* requires that the Chief Executive be satisfied that an individual carer is a 'suitable person' before granting that individual approval to care for children and young people. A 'suitable person' is defined by the *Child Protection Regulation 2023* as a person who does not pose any risk to the child or young person and who is willing and able to care for the child or young person in a way that meets the standards of care outlined in the Statement of Standards. All information obtained in the assessment process is confidential and strict information storing procedures are followed. Some or all of the personal information may be given to fostering agencies that are funded by the department.

1. Personal details		Pre-applicant 1		Pre-applicant 2	
<b>Guidelines</b> The personal details section of this form records personal details for data collection and use throughout the application process. If more than two applicants wish to apply, please complete another form.	Title:	<input type="text"/>	Sex: <input type="text"/>	Title:	Sex: <input type="text"/>
	Given Name:	<input type="text"/>		<input type="text"/>	
	Middle Name/s:	<input type="text"/>		<input type="text"/>	
	Family Name:	<input type="text"/>		<input type="text"/>	
<b>Preferred Name:</b> e.g. given name is Catherine, but person prefers to be called Cathy.	Preferred Name:	<input type="text"/>		<input type="text"/>	
	Maiden Name:	<input type="text"/>		<input type="text"/>	
<b>Other names you have been known by:</b> e.g. any alias names, previous marital/partner's names.	Other names you have been known by:	<input type="text"/>		<input type="text"/>	
<b>Address:</b> Record details of Building/Property name in Line 1 and street address in Line 2. If a separate postal address exists, record details on page 2.	Address: <i>Line 1:</i>	<input type="text"/>		<input type="checkbox"/> Same as Pre-applicant 1:	
	<i>Line 2:</i>	<input type="text"/>			
	<i>Suburb/Town:</i>	<input type="text"/>		<input type="checkbox"/> Postcode:	
	<i>State/Territory:</i>	<input type="text"/>	<input type="text"/>		
	<i>Date at the address:</i>	<input type="text"/>		<input type="text"/>	
<b>Telephone:</b> Tick the box alongside the number which is considered the primary telephone number.	Telephone: <i>Home:</i>	<input type="text"/>	Primary: <input type="checkbox"/>	<input type="text"/>	Primary: <input type="checkbox"/>
	<i>Personal Mobile:</i>	<input type="text"/>	Primary: <input type="checkbox"/>	<input type="text"/>	Primary: <input type="checkbox"/>
	<i>Work:</i>	<input type="text"/>	Primary: <input type="checkbox"/>	<input type="text"/>	Primary: <input type="checkbox"/>
	<i>Work Mobile:</i>	<input type="text"/>	Primary: <input type="checkbox"/>	<input type="text"/>	Primary: <input type="checkbox"/>

	Work Fax: <input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
	Email: <input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

1. Personal details <i>(continued)</i>	Pre-applicant 1	Pre-applicant 2
<p><b>Guidelines</b></p> <p><i>Marital Status:</i></p> <p>Values for this field are:</p> <ul style="list-style-type: none"> <li>• Married</li> <li>• Partnered</li> <li>• Single.</li> </ul>	<p>Marital Status: <input style="width: 90%;" type="text"/></p> <p>Length of Relationship: <input style="width: 90%;" type="text"/></p> <p>Relationship to other pre-applicant: <input style="width: 90%;" type="text"/></p> <p>Do you have child/ren living at home? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what are the child/ren's ages? <input style="width: 90%;" type="text"/></p> <p>Date of Birth <i>(dd/mm/yyyy)</i>: <input style="width: 90%;" type="text"/></p> <p>Place/Country of Birth: <input style="width: 90%;" type="text"/></p> <p>Resident of Australia: <input style="width: 90%;" type="text"/></p>	<p><input style="width: 90%;" type="text"/></p> <p><input style="width: 90%;" type="text"/></p> <p><input style="width: 90%;" type="text"/></p> <p><input style="width: 90%;" type="text"/></p>
<p><i>Resident of Australia:</i></p> <p>Values for this field are:</p> <ul style="list-style-type: none"> <li>• Permanent</li> <li>• Temporary</li> <li>• Non-resident.</li> </ul> <p><i>Ethnicity &amp; Religion:</i></p> <p>e.g. Ethnicity includes Australian South Sea Islander origin.</p> <p>Australian South Sea Islanders are Australian born descendents of predominantly Melanesian people who were brought to Queensland between 1863 and 1904. They come from around eighty Pacific islands but primarily from Vanuatu and the Solomon Islands.</p>	<p>Country of Citizenship: <input style="width: 90%;" type="text"/></p> <p>Primary Language: <input style="width: 90%;" type="text"/> <i>Interpreter required</i> <input type="checkbox"/></p> <p><b>Ethnicity &amp; Religion</b></p> <p>Ethnicity: <input style="width: 90%;" type="text"/></p> <p>Religion: <input style="width: 90%;" type="text"/></p> <p>Are you of Aboriginal or Torres Strait Islander origin?</p> <p style="text-align: center;">No <input type="checkbox"/></p> <p style="text-align: center;">Yes, Aboriginal <input type="checkbox"/></p> <p style="text-align: center;">Yes, Torres Strait Islander <input type="checkbox"/></p> <p>For persons of both Aboriginal and Torres Strait Islander origin, tick both 'Yes' boxes.</p>	<p><input style="width: 90%;" type="text"/></p> <p><input style="width: 90%;" type="text"/> <i>Interpreter required</i> <input type="checkbox"/></p> <p><input style="width: 90%;" type="text"/></p> <p><input style="width: 90%;" type="text"/></p> <p>Are you of Aboriginal or Torres Strait Islander origin?</p> <p style="text-align: center;">No <input type="checkbox"/></p> <p style="text-align: center;">Yes, Aboriginal <input type="checkbox"/></p> <p style="text-align: center;">Yes, Torres Strait Islander <input type="checkbox"/></p> <p>For persons of both Aboriginal and Torres Strait Islander origin, tick both 'Yes' boxes.</p>

	Postal Address (if required):		Same as Pre-applicant 1: <input type="checkbox"/>
	Line 1:		
	Suburb/Town:		
State/Territory:	Postcode:		Postcode:

2. Motivation	Pre-applicant 1	Pre-applicant 2 <i>(complete only if different from Pre-applicant 1)</i>
<p><b>Guidelines</b> Discuss with the pre-applicants the reasons behind their desire to foster.</p>	<p>Have you previously enquired about becoming a foster carer in Queensland or interstate? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Have you previously enquired about becoming a foster carer in Queensland or interstate? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Research indicates that fostering for:</p> <ul style="list-style-type: none"> <li>personal and family needs</li> <li>to fill a gap</li> <li>to create a family, or</li> <li>to generate income</li> </ul> <p>may convey potential risks for the child.</p>	<p>If yes, please supply details below:</p> <div data-bbox="542 483 1236 619" style="border: 1px solid black; height: 85px; width: 100%;"></div>	<p>If yes, please supply details below:</p> <div data-bbox="1344 483 2076 619" style="border: 1px solid black; height: 85px; width: 100%;"></div>
<p>Discuss:</p> <ul style="list-style-type: none"> <li>the strength of commitment from each pre-applicant</li> <li>the need for supportive relationships, and</li> </ul> <p>the expectations for the child placed (may <u>not</u> be met).</p>	<p>How long have you been thinking about fostering?</p> <div data-bbox="542 687 1236 852" style="border: 1px solid black; height: 103px; width: 100%;"></div>	<p>How long have you been thinking about fostering?</p> <div data-bbox="1344 687 2076 852" style="border: 1px solid black; height: 103px; width: 100%;"></div>
	<p>What prompted you to contact today?</p> <div data-bbox="542 922 1236 1058" style="border: 1px solid black; height: 85px; width: 100%;"></div>	<p>What prompted you to contact today?</p> <div data-bbox="1344 922 2076 1058" style="border: 1px solid black; height: 85px; width: 100%;"></div>

	<p>How did you hear about foster care provision?</p> <p>Child Safety Service Centre <input type="checkbox"/></p> <p>Fostering agency <input type="checkbox"/></p> <p>Friend/family member <input type="checkbox"/></p> <p>Poster/Brochure <input type="checkbox"/></p> <p>Newspaper <input type="checkbox"/></p> <p>Newsletter <input type="checkbox"/></p> <p>Radio <input type="checkbox"/></p> <p>Television <input type="checkbox"/></p> <p>Other, <i>please specify</i> <input type="checkbox"/></p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<p>How did you hear about foster care provision?</p> <p>Child Safety Service Centre <input type="checkbox"/></p> <p>Fostering agency <input type="checkbox"/></p> <p>Friend/family member <input type="checkbox"/></p> <p>Poster/Brochure <input type="checkbox"/></p> <p>Newspaper <input type="checkbox"/></p> <p>Newsletter <input type="checkbox"/></p> <p>Radio <input type="checkbox"/></p> <p>Television <input type="checkbox"/></p> <p>Other, <i>please specify</i> <input type="checkbox"/></p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
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<p><b>2. Motivation</b> <i>(continued)</i></p> <p><b>Guidelines</b> Explain that children require a stable and supportive placement. Fostering may not be practical if other stresses are impacting on the family at this time.</p>	<p><b>Pre-applicant 1</b></p> <p>Why are you interested in fostering?</p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-bottom: 10px;"></div> <p>Are you planning any significant changes in the near future?</p> <p>House renovations <input type="checkbox"/></p> <p>Change in job <input type="checkbox"/></p> <p>Study <input type="checkbox"/></p> <p>Travel <input type="checkbox"/></p> <p>Having children/undergoing IVF <input type="checkbox"/></p> <p>Current commitment to study/work per week <i>(in hrs)</i> <input style="width: 50px;" type="text"/></p>	<p><b>Pre-applicant 2</b> <i>(complete only if different from Pre-applicant 1)</i></p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-bottom: 10px;"></div> <p>Are you planning any significant changes in the near future?</p> <p>House renovations <input type="checkbox"/></p> <p>Change in job <input type="checkbox"/></p> <p>Study <input type="checkbox"/></p> <p>Travel <input type="checkbox"/></p> <p>Having children/undergoing IVF <input type="checkbox"/></p> <p>Current commitment to study/work per week <i>(in hrs)</i> <input style="width: 50px;" type="text"/></p>
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3. Accommodation	Pre-applicant 1	Pre-applicant 2 <i>(complete only if different from Pre-applicant 1)</i>
<p><b>Guidelines</b></p> <p>Do the pre-applicants consider they have physical space, e.g. study area, play area, for an extra child/ren?</p>	<p>Current accommodation:</p> <p><b>House:</b> <input type="checkbox"/></p> <p><i>(please specify)</i> Highset <input type="checkbox"/> Lowset <input type="checkbox"/> Other <input type="checkbox"/></p> <p><b>Unit/ Townhouse:</b> <input type="checkbox"/></p> <p><i>(please specify)</i> Lift <input type="checkbox"/> Stairs only <input type="checkbox"/></p> <p><b>Is the property:</b></p> <p>Owned <input type="checkbox"/> Rented <input type="checkbox"/> Public housing <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Number of bedrooms: <input type="text"/></p> <p>Number of spare beds: <input type="text"/></p>	<p>Current accommodation:</p> <p><b>House:</b> <input type="checkbox"/></p> <p><i>(please specify)</i> Highset <input type="checkbox"/> Lowset <input type="checkbox"/> Other <input type="checkbox"/></p> <p><b>Unit/ Townhouse:</b> <input type="checkbox"/></p> <p><i>(please specify)</i> Lift <input type="checkbox"/> Stairs only <input type="checkbox"/></p> <p><b>Is the property:</b></p> <p>Owned <input type="checkbox"/> Rented <input type="checkbox"/> Public housing <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Number of bedrooms: <input type="text"/></p> <p>Number of spare beds: <input type="text"/></p>

4. Preferences	Pre-applicant 1	Pre-applicant 2 <i>(complete only if different from Pre-applicant 1)</i>
<p><b>Guidelines</b></p> <p>Explain:</p> <ul style="list-style-type: none"> <li>the types of care and discuss the pre-applicants' preferences and understanding of the different types e.g. age differences, respite etc.</li> <li>that providing care may have a large impact on family and friends, e.g. social activities.</li> <li>that adult family members living in the household will be required to provide consent for 'suitability checks' including child protection, criminal, domestic violence and relevant traffic histories.</li> <li>that pre-applicant/s should consider discussing their interest in fostering with an ex-spouse or partner when children from a previous relationship reside in or visit the household.</li> </ul>	<p>Do you have a preference for providing a particular care type?</p> <p>Age: <input type="text"/></p> <p>Sex: <input type="text"/></p> <p>Respite: <input type="text"/></p> <p>Emergency: <input type="text"/></p> <p>Short term: <input type="text"/></p> <p>Long term: <input type="text"/></p> <p>Children with disabilities: <input type="text"/></p> <p>Other comments: <input type="text"/></p>	<p>Do you have a preference for providing a particular care type?</p> <p>Age: <input type="text"/></p> <p>Sex: <input type="text"/></p> <p>Respite: <input type="text"/></p> <p>Emergency: <input type="text"/></p> <p>Short term: <input type="text"/></p> <p>Long term: <input type="text"/></p> <p>Children with disabilities: <input type="text"/></p> <p>Other comments: <input type="text"/></p>



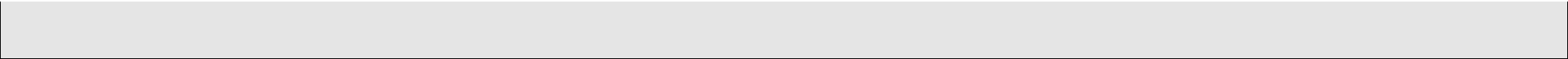
	<p>Have you discussed fostering with significant others?</p> <p>Partner <input type="checkbox"/></p> <p>Children <input type="checkbox"/></p> <p>Adult children <input type="checkbox"/></p> <p>Family members <input type="checkbox"/></p> <p>Ex-spouse/Partner <input type="checkbox"/></p>	<p>Have you discussed fostering with significant others?</p> <p>Partner <input type="checkbox"/></p> <p>Children <input type="checkbox"/></p> <p>Adult children <input type="checkbox"/></p> <p>Family members <input type="checkbox"/></p> <p>Ex-spouse/Partner <input type="checkbox"/></p>
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5. Medical/Health	Pre-applicant 1	Pre-applicant 2
<p><b>Guidelines</b></p> <p>Advise pre-applicants to complete the Carer Applicant Health and Wellbeing Questionnaire.</p> <p>Explain that children require a stable and supportive placement. Fostering may not be practical if other stresses are impacting on the family at this time. For example, if the pre-applicant is undergoing fertility treatment or is a prospective adoptive parent, then they may wish to consider putting their fostering application on hold.</p>	<p>Have any medical or health problems been identified as per attached Health and Wellbeing Questionnaire? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Have you applied to become a prospective adoptive parent? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are you an approved prospective adoptive parent waiting to adopt a child? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Have any medical or health problems been identified as per attached Health and Wellbeing Questionnaire? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Have you applied to become a prospective adoptive parent? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are you an approved prospective adoptive parent waiting to adopt a child? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>If yes, please supply details below:</p> <div style="border: 1px solid black; height: 400px; width: 100%;"></div>	<p>If yes, please supply details below:</p> <div style="border: 1px solid black; height: 400px; width: 100%;"></div>

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<b>6. Education, employment &amp; skills</b>	
<p><b>Guidelines</b></p> <p>Knowing the level of education may assist in determining the delivery of the assessment process (i.e. whether self-assessments are appropriate) as well as to enable matching of placements.</p> <p><b>N/A for employment status may include unemployed, not in paid employment and/or voluntary work.</b></p>	<p><b>Pre-applicant 2</b></p> <p>Level of education:                      Primary      <input type="checkbox"/>      Secondary      <input type="checkbox"/>      Tertiary      <input type="checkbox"/></p> <p>Employment status:                      Full-time      <input type="checkbox"/>      Part-time      <input type="checkbox"/>      Casual      <input type="checkbox"/>      N/A      <input type="checkbox"/></p> <p>Current employer:                      <input style="width: 100%; height: 20px;" type="text"/></p> <p>Employed since: (dd/mm/yyyy)      <input style="width: 100%; height: 20px;" type="text"/></p> <p>Occupation type:                      <input style="width: 100%; height: 40px;" type="text"/></p>
	<p>Hours of work:                      <input style="width: 100%; height: 20px;" type="text"/></p> <p>Do you receive a pension?              Yes      <input type="checkbox"/>                      No      <input type="checkbox"/></p> <p>Pension details:                      <input style="width: 100%; height: 20px;" type="text"/></p>
<p>Discuss with pre-applicant that fostering allowance is not subject to tax and is not cited as income for any purpose, including yearly tax returns, applications for Commonwealth benefits or when applying for loans from financial institutions.</p>	<p>If you have experience caring for young children through your employment, please give details:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>If you have specialist skills working with children, e.g. children with disabilities, please give details:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>



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9. Suitability checks	Pre-applicant 1
<p><b>Guidelines</b> Advise pre-applicant that suitability checks will be conducted on carer applicants as well as other adult members in the household.</p>	<p>Have you had any involvement with the Department of Child Safety or any interstate/international child protection agencies?</p> <p style="text-align: center;">Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>If yes, please supply details below:</p>
<p>Checks include criminal, domestic violence, traffic and child protection.</p> <p>If a person is known to the department, discuss how, e.g.</p> <ul style="list-style-type: none"> <li>• in the Child Protection System</li> <li>• as an employee in child related employment</li> <li>• as a former carer</li> <li>• other.</li> </ul>	<div style="border: 1px solid black; height: 70px; width: 100%;"></div> <p>Do you have any criminal history information, including charges laid against you awaiting determination, in Queensland, interstate or internationally?</p> <p style="text-align: center;">Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>If yes, please supply details below:</p>
<p>Advise pre-applicant that checks include <b>all</b> fines, charges, convictions, spent convictions (longer than ten years ago) and where a person was an aggrieved or respondent to a domestic violence order (protection order).</p>	<div style="border: 1px solid black; height: 70px; width: 100%;"></div> <p>Do you have any traffic history information, including fines and/or charges laid against you awaiting determination, in Queensland, interstate or internationally?</p> <p style="text-align: center;">Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>If yes, please supply details below:</p>
<p>Advise pre-applicant that having a history does not necessarily preclude someone from being a carer. Pre-applicant will be given an opportunity to discuss history.</p>	<div style="border: 1px solid black; height: 70px; width: 100%;"></div>
<p>The aggrieved is the person for whose benefit the domestic violence order (protection order) is made and the respondent is the person against whom the domestic violence order is made.</p>	<p>Have you ever been the aggrieved or respondent (<i>see Guidelines for definition</i>) in a domestic and family violence matter, in Queensland, interstate or internationally?</p> <p style="text-align: center;">Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>If yes, please supply details below:</p>

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9. Suitability checks	Pre-applicant 2
<p><b>Guidelines</b> Advise pre-applicant that suitability checks will be conducted on carer applicants as well as other adult members in the household.</p>	<p>Have you had any involvement with the Department of Child Safety or any interstate/international child protection agencies?</p> <p style="text-align: center;">Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>If yes, please supply details below:</p>
<p>Checks include criminal, domestic violence, traffic and child protection.</p> <p>If a person is known to the department, discuss how, e.g.</p> <ul style="list-style-type: none"> <li>• in the Child Protection System</li> <li>• as an employee in child related employment</li> <li>• as a former carer</li> <li>• other.</li> </ul>	<div style="border: 1px solid black; height: 70px; width: 100%;"></div> <p>Do you have any criminal history information, including charges laid against you awaiting determination, in Queensland, interstate or internationally?</p> <p style="text-align: center;">Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>If yes, please supply details below:</p>
<p>Advise pre-applicant that checks include <b>all</b> fines, charges, convictions, spent convictions (longer than ten years ago) and where a person was an aggrieved or respondent to a domestic violence order (protection order).</p>	<div style="border: 1px solid black; height: 70px; width: 100%;"></div> <p>Do you have any traffic history information, including fines and/or charges laid against you awaiting determination, in Queensland, interstate or internationally?</p> <p style="text-align: center;">Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>If yes, please supply details below:</p>
<p>Advise pre-applicant that having a history does not necessarily preclude someone from being a carer. Pre-applicant will be given an opportunity to discuss history.</p>	<div style="border: 1px solid black; height: 70px; width: 100%;"></div>
<p>The aggrieved is the person for whose benefit the domestic violence order (protection order) is made and the respondent is the person against whom the domestic violence order is made.</p>	<p>Have you ever been the aggrieved or respondent (<i>see Guidelines for definition</i>) in a domestic and family violence matter, in Queensland, interstate or internationally?</p> <p style="text-align: center;">Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>If yes, please supply details below:</p>

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