

Date: 26.9.2012Exhibit number: 67

Application for approval - Form 3 APA Part A

Please complete this form using block letters and black ink

Part A – Application for initial approval (Applicant to complete)

Applicant 1	Applicant 2
1 Title <input type="text"/>	1 Title <input type="text"/>
Family Name <input type="text"/>	Family Name <input type="text"/>
First Name <input type="text"/>	First Name <input type="text"/>
Middle Name (if applicable) <input type="text"/>	Middle Name (if applicable) <input type="text"/>
Marital Status <input type="text"/>	Marital Status <input type="text"/>
Residency – Permanent or Temporary <input type="text"/>	Residency – Permanent or Temporary <input type="text"/>
Do you have a current Blue Card or Exemption Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a current Blue Card or Exemption Card? <input type="checkbox"/> Yes <input type="checkbox"/> No
Blue Card or Exemption Card Number <input type="text"/>	Blue Card or Exemption Card Number <input type="text"/>
Blue Card Expiry Date (dd/mm/yyyy) <input type="text"/>	Blue Card Expiry Date (dd/mm/yyyy) <input type="text"/>
Relationship to Applicant 2 <input type="text"/>	Relationship to Applicant 1 <input type="text"/>
<p>If you do NOT hold a current blue card or exemption card and have attached a completed 'Volunteer foster/ kinship carer or adult member blue card application form' or a 'Volunteer foster/kinship carer or adult member exemption card application form'</p> <p>▶ go to Q 11 (Self-disclosure by applicants)</p> <p>If you hold a current blue card and have attached a completed 'Authorisation to confirm a valid blue card/application for a carer or adult member'</p> <p>▶ go to Q 2.</p>	<p>If you do NOT hold a current blue card or exemption card and have attached a completed 'Volunteer foster/ kinship carer or adult member blue card application form' or a 'Volunteer foster/kinship carer or adult member exemption card application form'</p> <p>▶ go to Q 11 (Self-disclosure by applicants)</p> <p>If you hold a current blue card and have attached a completed 'Authorisation to confirm a valid blue card/application for a carer or adult member'</p> <p>▶ go to Q 2.</p>

Applicant 1 surname _____

Applicant 1	Applicant 2
<p>2 Do you currently use an abbreviation/ nickname/alias for your first name? (eg Elizabeth, abbreviation Betty)</p> <p>No <input type="checkbox"/> Go to question 3</p> <p>Yes <input type="checkbox"/> Give details below</p> <p>Name/s <input style="width: 150px;" type="text"/></p>	<p>2 Do you currently use an abbreviation/ nickname/alias for your first name? (eg Elizabeth, abbreviation Betty)</p> <p>No <input type="checkbox"/> Go to question 3</p> <p>Yes <input type="checkbox"/> Give details below</p> <p>Name/s <input style="width: 150px;" type="text"/></p>
<p>3 Have you ever been known by any other name/s? Please tick.</p> <p>No <input type="checkbox"/> Go to question 4</p> <p>Yes <input type="checkbox"/> Give details below</p> <div style="margin-left: 20px;"> <input type="checkbox"/> name at birth <input type="checkbox"/> change following divorce <input type="checkbox"/> maiden name (before marriage) <input type="checkbox"/> married name <input type="checkbox"/> alias <input type="checkbox"/> change by certificate/deed poll <input type="checkbox"/> different first/middle name <input type="checkbox"/> change the order of your name (eg known by middle name) </div> <p>Previous family name/s</p> <input style="width: 150px;" type="text"/> <p>Previous first name/s</p> <input style="width: 150px;" type="text"/> <p>Previous middle name/s</p> <input style="width: 150px;" type="text"/>	<p>3 Have you ever been known by any other name/s? Please tick.</p> <p>No <input type="checkbox"/> Go to question 4</p> <p>Yes <input type="checkbox"/> Give details below</p> <div style="margin-left: 20px;"> <input type="checkbox"/> name at birth <input type="checkbox"/> change following divorce <input type="checkbox"/> maiden name (before marriage) <input type="checkbox"/> married name <input type="checkbox"/> alias <input type="checkbox"/> change by certificate/deed poll <input type="checkbox"/> different first/middle name <input type="checkbox"/> change the order of your name (eg known by middle name) </div> <p>Previous family name/s</p> <input style="width: 150px;" type="text"/> <p>Previous first name/s</p> <input style="width: 150px;" type="text"/> <p>Previous middle name/s</p> <input style="width: 150px;" type="text"/>
<p>4 Are you:</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>4 Are you:</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>5 Date of birth <input style="width: 100px;" type="text"/></p>	<p>5 Date of birth <input style="width: 100px;" type="text"/></p>

Applicant 1	Applicant 2
<p>6 Place of birth</p> <p>Town/city <input style="width: 200px;" type="text"/></p> <p>State <input style="width: 150px;" type="text"/></p> <p>Country <input style="width: 150px;" type="text"/></p>	<p>6 Place of birth</p> <p>Town/city <input style="width: 200px;" type="text"/></p> <p>State <input style="width: 150px;" type="text"/></p> <p>Country <input style="width: 150px;" type="text"/></p>
<p>7 Current residential address</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <p>Current postal address</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <p>If you have lived at a different address in the last 5 years, please provide details below (including overseas and interstate). If there is insufficient space please attach details on separate page.</p> <p>Previous residential address 1</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <p>Previous residential address 2</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div>	<p>7 Current residential address</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <p>Current postal address</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <p>If you have lived at a different address in the last 5 years, please provide details below (including overseas and interstate). If there is insufficient space please attach details on separate page.</p> <p>Previous residential address 1</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <p>Previous residential address 2</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div>

Applicant 1	Applicant 2
8 Your telephone numbers Daytime <input type="text"/> After hours <input type="text"/> Mobile <input type="text"/>	8 Your telephone numbers Daytime <input type="text"/> After hours <input type="text"/> Mobile <input type="text"/>
9 Do you identify as: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Australian South Sea Islander <input type="checkbox"/> Other – please specify <input type="text"/>	9 Do you identify as: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Australian South Sea Islander <input type="checkbox"/> Other – please specify <input type="text"/>
10 What language do you mainly speak at home? <input type="checkbox"/> English <input type="checkbox"/> Other – please specify <input type="text"/>	10 What language do you mainly speak at home? <input type="checkbox"/> English <input type="checkbox"/> Other – please specify <input type="text"/>

Applicant 1**11 Self-disclosure by applicants**

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.

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

☐ Yes ☐ No

If yes, please provide details below.

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

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

☐ Yes ☐ No

If yes, please provide details below.

Applicant 2**11 Self-disclosure by applicants**

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.

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

☐ Yes ☐ No

If yes, please provide details below.

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

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

☐ Yes ☐ No

If yes, please provide details below.

Applicant 1	Applicant 2
<p>Do you have any criminal history information, including charges laid against you awaiting determination, in Queensland, interstate or internationally?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details below.</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	<p>Do you have any criminal history information, including charges laid against you awaiting determination, in Queensland, interstate or internationally?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details below.</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></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><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details below.</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></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><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details below.</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
<p>Have you ever been the aggrieved or respondent in a domestic and family violence matter, in Queensland, interstate or internationally?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details below.</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	<p>Have you ever been the aggrieved or respondent in a domestic and family violence matter, in Queensland, interstate or internationally?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details below.</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
<p>Are you aware of any criminal history information including charges laid against a member of your household in Queensland, interstate or internationally?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details below.</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	<p>Are you aware of any criminal history information including charges laid against a member of your household in Queensland, interstate or internationally?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details below.</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>

Applicant 1 surname _____

Privacy notice

This information will only be disclosed by government department/agencies in accordance with the provisions of their Act/s or otherwise permitted or required by law. The personal information collected on this form will not be disclosed to any other party or used for any purpose not related to your application to become an approved carer without your consent.

The Department of Communities is collecting personal information on this form so that we can assess your application and ongoing suitability to be an approved carer. This is authorised under sections 133, 134 and 142A of the *Child Protection Act 1999*, and sections 22-26 of the *Child Protection Regulation 2011*.

We may disclose relevant personal information to the Queensland Police Service, the Commission for Children and Young People and Child Guardian, Queensland Transport, your nominated referees and your nominated General Practitioner/Specialist. If an Aboriginal or Torres Strait Islander person is an applicant or household member, relevant personal information may also be disclosed to Recognised Entities.

All information obtained in the assessment process will be managed in accordance with the Information Privacy Principles described in the *Information Privacy Act 2009*. The Department of Communities, the Queensland Police Service and Queensland Transport may disclose relevant personal information to International Social Service, Australian Branch or to interstate or international agencies responsible for criminal and/or traffic history checks. If an interstate and/or international child protection history check is required, relevant personal information may be disclosed to the relevant agency that at the time of gazetting was referred to as:

- Community Services (NSW)
- Department of Human Services (VIC)
- Department of Health and Human Services (TAS)
- Department of Disability, Housing and Community Services (ACT)
- Department of Children and Families (NT)
- Child, Youth and Family Services (NZ)
- Department for Families and Communities (SA)
- Department for Child Protection (WA)
- International Social Service, Australian Branch

Consents

Training

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

Medical history

I agree to undertake a medical examination if requested by the CSSC Manager, and disclose my medical history if it is considered necessary.

Personal history checks

I consent to Child Safety and the government departments and agencies designated in the privacy notice 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 to be provided to any third party who is vested with assessing my application.

I understand that my private information will be subject to and protected by confidentiality afforded under Information Standard 42 and relevant sections of the *Child Protection Act 1999*.

Authorised officer or Foster and Kinship Care Services staff use only

The privacy notes and consents have been explained to all applicants and they have stated that they understand the information provided to them by:

Name: _____ Signature: _____ Date: _____

Referee checks

I consent to Child Safety, staff of the foster and kinship care service or the appointed consultant assessing my application contacting my nominated referees where a referee check is considered necessary by any of the aforementioned parties.

Applicant Consent

I have read and understand the privacy notice and consents and confirm that the information in the application is correct. I consent to the medical and personal history checks described above.

Signature:

Signature:

Name:

Name:

Date:

Date:

Household member	Household member
<p>Family Name <input style="width: 150px;" type="text"/></p> <p>First Name <input style="width: 150px;" type="text"/></p> <p>Middle Name <input style="width: 150px;" type="text"/></p> <p>Maiden Name <input style="width: 150px;" type="text"/></p> <p>Other names known by <input style="width: 150px;" type="text"/></p>	<p>Family Name <input style="width: 150px;" type="text"/></p> <p>First Name <input style="width: 150px;" type="text"/></p> <p>Middle Name <input style="width: 150px;" type="text"/></p> <p>Maiden Name <input style="width: 150px;" type="text"/></p> <p>Other names known by <input style="width: 150px;" type="text"/></p>
<p>Gender Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Date of birth <input style="width: 150px;" type="text"/></p> <p>Place of birth <input style="width: 150px;" type="text"/></p> <p>State of birth <input style="width: 150px;" type="text"/></p> <p>Country of birth <input style="width: 150px;" type="text"/></p>	<p>Gender Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Date of birth <input style="width: 150px;" type="text"/></p> <p>Place of birth <input style="width: 150px;" type="text"/></p> <p>State of birth <input style="width: 150px;" type="text"/></p> <p>Country of birth <input style="width: 150px;" type="text"/></p>
<p>Recent previous address</p> <p><input style="width: 150px;" type="text"/></p> <p><input style="width: 150px;" type="text"/></p>	<p>Recent previous address</p> <p><input style="width: 150px;" type="text"/></p> <p><input style="width: 150px;" type="text"/></p>
<p>Relationship to Applicant 1 <input style="width: 100px;" type="text"/></p> <p>Relationship to Applicant 2 <input style="width: 100px;" type="text"/></p>	<p>Relationship to Applicant 1 <input style="width: 100px;" type="text"/></p> <p>Relationship to Applicant 2 <input style="width: 100px;" type="text"/></p>
<p>Do you have a current Blue Card or Exemption Card?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Blue Card or Exemption Card no. <input style="width: 150px;" type="text"/></p> <p>Blue Card Expiry date <input style="width: 150px;" type="text"/></p>	<p>Do you have a current Blue Card or Exemption Card?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Blue Card or Exemption Card no. <input style="width: 150px;" type="text"/></p> <p>Blue Card Expiry date <input style="width: 150px;" type="text"/></p>

Household member	Household member						
<p>Personal history checks I consent to Child Safety and the government departments and agencies designated in the privacy notice to:</p> <ul style="list-style-type: none"> 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. <p>I consent to information obtained in processing this application to be provided to any third party who is vested with assessing the application.</p> <p>I understand that my private information will be subject to and protected by confidentiality afforded under Information Standard 42 and relevant sections of the <i>Child Protection Act 1999</i>.</p>	<p>Personal history checks I consent to Child Safety and the government departments and agencies designated in the privacy notice to:</p> <ul style="list-style-type: none"> 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. <p>I consent to information obtained in processing this application to be provided to any third party who is vested with assessing the application.</p> <p>I understand that my private information will be subject to and protected by confidentiality afforded under Information Standard 42 and relevant sections of the <i>Child Protection Act 1999</i>.</p>						
<p>Authorised officer or Foster and Kinship Care Service staff use only</p> <p>The privacy notes and consents have been explained to all household members and they have stated that they understand the information provided to them by:</p> <p>Name: _____ Signature: _____ Date: _____</p>							
<p>Household Member Consent I have read and understand the privacy notice and consents and confirm that the information is correct. I consent to the personal history checks described above.</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Signature: <input style="width: 90%;" type="text"/></td> <td style="width: 50%;">Signature: <input style="width: 90%;" type="text"/></td> </tr> <tr> <td>Name: <input style="width: 90%;" type="text"/></td> <td>Name: <input style="width: 90%;" type="text"/></td> </tr> <tr> <td>Date: <input style="width: 90%;" type="text"/></td> <td>Date: <input style="width: 90%;" type="text"/></td> </tr> </table>		Signature: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>	Name: <input style="width: 90%;" type="text"/>	Name: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Signature: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>						
Name: <input style="width: 90%;" type="text"/>	Name: <input style="width: 90%;" type="text"/>						
Date: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>						

Part B – Departmental staff member to complete and forward to Central Screening Unit

Fax to: (07) 3239 3580
Mail to: PO Box 13126
George St,
Brisbane 4003

Application for initial approval		Date Application 'Properly Made' (dd/mm/yyyy): <input style="width: 100%;" type="text"/>		
CSSC responsible for applicant's assessment <input style="width: 100%;" type="text"/>		Does this application require provisional approval? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Region <input style="width: 100%;" type="text"/>		<input type="checkbox"/> ID of applicant sighted by departmental officer or Foster and Kinship Care Service.		
Suitability Outcome to be sent to <input style="width: 100%;" type="text"/>		CSU OFFICE USE ONLY		
Foster and Kinship Care Service (if relevant) <input style="width: 100%;" type="text"/>		File reference <input style="width: 100%;" type="text"/>		
Type of application (please tick one only) <input type="checkbox"/> Approved Foster Carer (FC) <input type="checkbox"/> Approved Kinship Carer (KC)		Application number <input style="width: 100%;" type="text"/>		
ICMS EOI/Application ID <input style="width: 100%;" type="text"/>				
Name of applicant 1 _____ Names of subject children (for kinship carer applications only)				
Last name	Given names	Date of birth	Sex M/F	ICMS Person ID
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>

Applicant 1 surname _____

Verification of identity – ONLY to be completed for applicants who already hold a Blue Card or Exemption Card and have attached an Authorisation to confirm a valid blue card/application for a carer or adult member.

The foster or kinship carer applicant/s must produce their current Positive Notice (Blue Card) or Exemption Card issued by the Commission and one other form of identification that shows:

- full name
- date of birth
- signature

Choose one of the following:

- ☐ current drivers license Licence number
- ☐ current passport Passport number
- ☐ birth certificate or extract
- ☐ current financial entitlement card issued by Centrelink
- ☐ other. Please specify

AND

- ☐ Current Positive Notice (Blue Card) Card No. Blue Card Expiry
or Exemption Card

Part C – Application for renewal of approval (Carer/s to complete)

Carer 1	Carer 2
Family Name <input style="width: 150px;" type="text"/>	Family Name <input style="width: 150px;" type="text"/>
First Name <input style="width: 150px;" type="text"/>	First Name <input style="width: 150px;" type="text"/>
Middle Name (if applicable) <input style="width: 150px;" type="text"/>	Middle Name (if applicable) <input style="width: 150px;" type="text"/>
Date of birth <input style="width: 150px;" type="text"/>	Date of birth <input style="width: 150px;" type="text"/>
Place of birth <input style="width: 150px;" type="text"/>	Place of birth <input style="width: 150px;" type="text"/>
State of birth <input style="width: 150px;" type="text"/>	State of birth <input style="width: 150px;" type="text"/>
Blue Card or Exemption Card Number <input style="width: 150px;" type="text"/>	Blue Card or Exemption Card Number <input style="width: 150px;" type="text"/>
Blue Card Expiry Date (dd/mm/yyyy) <input style="width: 150px;" type="text"/>	Blue Card Expiry Date (dd/mm/yyyy) <input style="width: 150px;" type="text"/>
Current residential address <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/>	Current residential address <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/>
Current postal address <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/>	Current postal address <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/>

Applicant 1	Applicant 2
<p>Do you have any criminal history information, including charges laid against you awaiting determination, in Queensland, interstate or internationally?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details below.</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div>	<p>Do you have any criminal history information, including charges laid against you awaiting determination, in Queensland, interstate or internationally?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details below.</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></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><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details below.</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></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><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details below.</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div>
<p>Have you ever been the aggrieved or respondent in a domestic and family violence matter, in Queensland, interstate or internationally?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details below.</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div>	<p>Have you ever been the aggrieved or respondent in a domestic and family violence matter, in Queensland, interstate or internationally?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details below.</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div>
<p>Are you aware of any criminal history information including charges laid against a member of your household in Queensland, interstate or internationally?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details below.</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div>	<p>Are you aware of any criminal history information including charges laid against a member of your household in Queensland, interstate or internationally?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details below.</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div>

Applicant 1 surname _____

Privacy notice

This information will only be disclosed by government department/agencies in accordance with the provisions of their Act/s or otherwise permitted or required by law. The personal information collected on this form will not be disclosed to any other party or used for any purpose not related to your application to become an approved carer without your consent.

The Department of Communities is collecting personal information on this form so that we can assess your application and ongoing suitability to be an approved carer. This is authorised under sections 133, 134 and 142A of the *Child Protection Act 1999*, and sections 22-26 of the *Child Protection Regulation 2011*.

We may disclose relevant personal information to the Queensland Police Service, the Commission for Children and Young People and Child Guardian, Queensland Transport, your nominated referees and your nominated General Practitioner/Specialist. If an Aboriginal or Torres Strait Islander person is an applicant or household member, relevant personal information may also be disclosed to Recognised Entities.

All information obtained in the assessment process will be managed in accordance with the Information Privacy Principles described in the *Information Privacy Act 2009*. The Department of Communities, the Queensland Police Service and Queensland Transport may disclose relevant personal information to International Social Service, Australian Branch or to interstate or international agencies responsible for criminal and/or traffic history checks. If an interstate and/or international child protection history check is required, relevant personal information may be disclosed to the relevant agency that at the time of gazetting was referred to as:

- Community Services (NSW)
- Department of Human Services (VIC)
- Department of Health and Human Services (TAS)
- Department of Disability, Housing and Community Services (ACT)
- Department of Children and Families (NT)
- Child, Youth and Family Services (NZ)
- Department for Families and Communities (SA)
- Department for Child Protection (WA)
- International Social Service, Australian Branch



Consents

Training

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

Medical history

I agree to undertake a medical examination if requested by the CSSC Manager, and disclose my medical history if it is considered necessary.

Personal history checks

I consent to Child Safety and the government departments and agencies designated in the privacy notice 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 to be provided to any third party who is vested with assessing my application.

I understand that my private information will be subject to and protected by confidentiality afforded under Information Standard 42 and relevant sections of the *Child Protection Act 1999*.

Authorised officer or Foster and Kinship Care Service staff use only

The privacy notes and consents have been explained to all applicants and they have stated that they understand the information provided to them by:

Name: _____ Signature: _____ Date: _____

Applicant Consent

I have read and understand the privacy notice and consents and confirm that the information in the application is correct. I consent to the medical and personal history checks described above.

Signature: Signature:

Name: Name:

Date: Date:

Names of other household members	Relationship to applicant 1	Relationship to applicant 2	DOB
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Household member	
Family Name	<input type="text"/>
First Name	<input type="text"/>
Middle Name	<input type="text"/>
Maiden Name	<input type="text"/>
Other names known by	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth	<input type="text"/>
Place of birth	<input type="text"/>
State of birth	<input type="text"/>
Country of birth	<input type="text"/>
Recent previous address	<input type="text"/> <input type="text"/>
Relationship to Applicant 1	<input type="text"/>
Relationship to Applicant 2	<input type="text"/>
Do you have a current Blue Card or Exemption Card?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Blue Card or Exemption Card no.	<input type="text"/>
Blue Card expiry date	<input type="text"/>

Household member	
Family Name	<input type="text"/>
First Name	<input type="text"/>
Middle Name	<input type="text"/>
Maiden Name	<input type="text"/>
Other names known by	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth	<input type="text"/>
Place of birth	<input type="text"/>
State of birth	<input type="text"/>
Country of birth	<input type="text"/>
Recent previous address	<input type="text"/> <input type="text"/>
Relationship to Applicant 1	<input type="text"/>
Relationship to Applicant 2	<input type="text"/>
Do you have a current Blue Card or Exemption Card?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Blue Card or Exemption Card no.	<input type="text"/>
Blue Card expiry date	<input type="text"/>

Household member	Household member						
<p>Personal history checks I consent to Child Safety and the government departments and agencies designated in the privacy notice to:</p> <ul style="list-style-type: none"> 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. <p>I consent to information obtained in processing this application to be provided to any third party who is vested with assessing the application.</p> <p>I understand that my private information will be subject to and protected by confidentiality afforded under Information Standard 42 and relevant sections of the <i>Child Protection Act 1999</i>.</p>	<p>Personal history checks I consent to Child Safety and the government departments and agencies designated in the privacy notice to:</p> <ul style="list-style-type: none"> 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. <p>I consent to information obtained in processing this application to be provided to any third party who is vested with assessing the application.</p> <p>I understand that my private information will be subject to and protected by confidentiality afforded under Information Standard 42 and relevant sections of the <i>Child Protection Act 1999</i>.</p>						
<p>Authorised officer or Foster and Kinship Care Service staff use only</p> <p>The privacy notes and consents have been explained to all household members and they have stated that they understand the information provided to them by:</p> <p>Name: _____ Signature: _____ Date: _____</p>							
<p>Household Member Consent I have read and understand the privacy notice and consents and confirm that the information is correct. I consent to the personal history checks described above.</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Signature: <input style="width: 150px;" type="text"/></td> <td style="width: 50%;">Signature: <input style="width: 150px;" type="text"/></td> </tr> <tr> <td>Name: <input style="width: 150px;" type="text"/></td> <td>Name: <input style="width: 150px;" type="text"/></td> </tr> <tr> <td>Date: <input style="width: 150px;" type="text"/></td> <td>Date: <input style="width: 150px;" type="text"/></td> </tr> </table>		Signature: <input style="width: 150px;" type="text"/>	Signature: <input style="width: 150px;" type="text"/>	Name: <input style="width: 150px;" type="text"/>	Name: <input style="width: 150px;" type="text"/>	Date: <input style="width: 150px;" type="text"/>	Date: <input style="width: 150px;" type="text"/>
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**Part D – Departmental staff member
to complete and forward to Central
Screening Unit**

Fax to: (07) 3239 3580
Mail to: PO Box 13126
George St
Brisbane 4003

<div style="background-color: #cccccc; padding: 2px; border: 1px solid black; margin-bottom: 5px;">Application for renewal of approval</div> <p>CSSC responsible for applicant's assessment</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Region</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Suitability Outcome to be sent to</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Foster and Kinship Care Service <i>(if relevant)</i></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Certificate of Approval Expiry Date <i>(dd/mm/yyyy)</i></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>Type of application <i>(please tick one only)</i></p> <p><input type="checkbox"/> Approved Foster Carer (FC)</p> <p><input type="checkbox"/> Approved Kinship Carer (KC)</p> <p>Date Application 'Properly Made' <i>(dd/mm/yyyy)</i>:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="background-color: black; color: white; padding: 2px; border: 1px solid black; margin-bottom: 5px;">CSU OFFICE USE ONLY</div> <p>File reference</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Application number</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>ICMS EOI/Application ID</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																																													
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<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Last name</th> <th style="width: 20%;">Given names</th> <th style="width: 20%;">Date of birth</th> <th style="width: 5%;">Sex M/F</th> <th style="width: 35%;">Client number</th> </tr> </thead> <tbody> <tr><td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td><td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td><td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td><td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td><td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td></tr> <tr><td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td><td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td><td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td><td><div style="border: 1px solid black; 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