

Consent to conduct Child Protection Records Checks



CHILD PROTECTION RECORDS CHECKS

Any person applying to work with (or care for) a child or young person in the ACT Government child protection system must have Child Protection Records Checks undertaken by the Office for Children, Youth and Family Support (OCYFS).

This form is used to request and provide consent to conduct Child Protection Records Checks. Your consent will enable OCYFS to check information outlined at section 65 of the *Children and Young People Act 2008*. It is a criminal offence to give false or misleading information.

If there is any change in your circumstances, or information becomes known to you that may affect your work with children, young people or families, you must advise the agency that you work with as soon as practicable, and no later than seven (7) days of the change occurring. Failure to do so is an offence.

Authorised Service/Agency details

Agency Name: Barnardos Australia
Program Name (if applicable): _____

Type of Care/Work:

- Agency Office Staff/Support Worker
Transporting clients? Yes (provide licence history)
No
- Foster Carer
- Residential Carer (Rostered Staff)
Transporting clients? Yes (provide licence history)
No
- Transport and Supervised Contact Worker (provide licence history)
- Volunteer
Transporting clients? Yes (provide licence history)
No
- Other - please specify: _____

Applicant 1

Title

Family Name

First Name

Middle Name (if applicable)

Marital/Partnership Status

Are you:
 Male Female

Date of Birth (dd/mm/yyyy)

Do you identify as:
 Aboriginal
 Torres Strait Islander
 Aboriginal and Torres Strait Islander
 Neither Aboriginal or Torres Strait Islander
 Other – please specify

What language do you mainly speak at home?
(optional)
 English
 Other – please specify

Place of Birth (Town/City)

Country

Citizenship/Residency

Drivers Licence Number

Applicant 2

Title

Family Name

First Name

Middle Name (if applicable)

Marital/Partnership Status

Are you:
 Male Female

Date of Birth (dd/mm/yyyy)

Do you identify as:
 Aboriginal
 Torres Strait Islander
 Aboriginal and Torres Strait Islander
 Neither Aboriginal or Torres Strait Islander
 Other – please specify

What language do you mainly speak at home?
(optional)
 English
 Other – please specify

Place of Birth (Town/City)

Country

Citizenship/Residency

Drivers Licence Number

Applicant 1

Do you currently use an abbreviation/nickname/alias for your first name? (eg Elizabeth, abbreviation Betty; William, abbreviation Bill)

- No
- Yes

If Yes, Details

Have you ever been known by any other name/s?

- No
- Yes, please tick and provide details

- Name at birth
- Maiden name (before marriage)
- Married name
- Alias
- Change by certificate/deed poll
- Different first/middle name
- Change the order of your name (eg known by middle name)

Family name/s

First Name/s

Middle Name/s

Applicant 2

Do you currently use an abbreviation/nickname/alias for your first name? (eg Elizabeth, abbreviation Betty; William, abbreviation Bill)

- No
- Yes

If Yes, Details

Have you ever been known by any other name/s?

- No
- Yes, please tick and provide details

- Name at birth
- Maiden name (before marriage)
- Married name
- Alias
- Change by certificate/deed poll
- Different first/middle name
- Change the order of your name (eg known by middle name)

Family name/s

First Name/s

Middle Name/s

Both Applicants

Current Residential Address

Postal Address (if different from residential address)

Applicant 1

If you have lived at more than one address in the last five (5) years, please provide details below (including overseas for six (6) months or more and interstate). Most recent first.

Previous residential Address 1

Previous residential Address 2

Previous residential Address 3

Previous residential Address 4

Applicant 2

If you have lived at more than one address in the last five (5) years, please provide details below (including overseas for six (6) months or more and interstate). Most recent first.

Previous residential Address 1

Previous residential Address 2

Previous residential Address 3

Previous residential Address 4

***Foster Care Only - Other adult/s (18 years and over) in the household**

Name

Date of Birth (dd/mm/yyyy)

Relationship to Applicant 1

Relationship to Applicant 2

Name

Date of Birth (dd/mm/yyyy)

Relationship to Applicant 1

Relationship to Applicant 2

Name

Date of Birth (dd/mm/yyyy)

Relationship to Applicant 1

Relationship to Applicant 2

Name

Date of Birth (dd/mm/yyyy)

Relationship to Applicant 1

Relationship to Applicant 2

Any additional adults, please provide details on separate sheet of paper and attach

Self Disclosure by Applicant 1

Have you previously applied or been authorised to be a foster carer or kinship carer in the ACT?

No Yes

If Yes, please provide details below

Have you previously applied or been authorised/approved to be a foster carer or kinship carer interstate or overseas?

No Yes

If Yes, please provide details below

Have you had any involvement with the Office for Children, Youth and Family Support (OCYFS) or any interstate or international child protection agency?

No Yes

If Yes, please provide details below

Do you have a medical condition that would impact on your ability to provide care to a child or young person?

No Yes

If Yes, please provide details

Have you ever been charged or convicted of a criminal offence, or traffic offence, in the ACT, other State/Territory or internationally?

No Yes

If Yes, please provide details

Have you ever been the aggrieved person or respondent in a domestic and/or family violence matter in the ACT, other State/Territory or internationally?

No Yes

If Yes, please provide details

Self Disclosure by Applicant 2

Have you previously applied or been authorised to be a foster carer or kinship carer in the ACT?

No Yes

If Yes, please provide details below

Have you previously applied or been authorised/approved to be a foster carer or kinship carer interstate or overseas?

No Yes

If Yes, please provide details below

Have you had any involvement with the Office for Children, Youth and Family Support (OCYFS) or any interstate or international child protection agency?

No Yes

If Yes, please provide details below

Do you have a medical condition that would impact on your ability to provide care to a child or young person?

No Yes

If Yes, please provide details

Have you ever been charged or convicted of a criminal offence, or traffic offence, in the ACT, other State/Territory or internationally?

No Yes

If Yes, please provide details

Have you ever been the aggrieved or respondent in a domestic and/or family violence matter in the ACT, other State/Territory or internationally?

No Yes

If Yes, please provide details

Children of Applicant 1 and/or Applicant 2 (include all children regardless of age - including over 18)	
<p>Name</p> <p>Date of Birth (dd/mm/yyyy)</p> <p>Relationship to Applicant 1</p> <p>Relationship to Applicant 2</p> <p>Currently Resides (in household, independent living, other parent, unknown, etc)</p>	<p>Name</p> <p>Date of Birth (dd/mm/yyyy)</p> <p>Relationship to Applicant 1</p> <p>Relationship to Applicant 2</p> <p>Currently Resides (in household, independent living, other parent, unknown, etc)</p>
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<p><i>Any additional children or young people, please provide details on separate sheet of paper and attach</i></p>	

Other children or young people Applicant 1 and/or 2 are providing or have provided care to:

<p>Name</p> <p>Date of Birth (dd/mm/yyyy)</p> <p>Relationship to Applicant 1</p> <p>Relationship to Applicant 2</p> <p>Currently Resides (in household, independent living, other parent, unknown, etc)</p>	<p>Name</p> <p>Date of Birth (dd/mm/yyyy)</p> <p>Relationship to Applicant 1</p> <p>Relationship to Applicant 2</p> <p>Currently Resides (in household, independent living, other parent, unknown, etc)</p>
<p>Name</p> <p>Date of Birth (dd/mm/yyyy)</p> <p>Relationship to Applicant 1</p> <p>Relationship to Applicant 2</p> <p>Currently Resides (in household, independent living, other parent, unknown, etc)</p>	<p>Name</p> <p>Date of Birth (dd/mm/yyyy)</p> <p>Relationship to Applicant 1</p> <p>Relationship to Applicant 2</p> <p>Currently Resides (in household, independent living, other parent, unknown, etc)</p>
<p>Name</p> <p>Date of Birth (dd/mm/yyyy)</p> <p>Relationship to Applicant 1</p> <p>Relationship to Applicant 2</p> <p>Currently Resides (in household, independent living, other parent, unknown, etc)</p>	<p>Name</p> <p>Date of Birth (dd/mm/yyyy)</p> <p>Relationship to Applicant 1</p> <p>Relationship to Applicant 2</p> <p>Currently Resides (in household, independent living, other parent, unknown, etc)</p>
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Any additional children or young people, please provide details on separate sheet of paper and attach

Privacy Notice

This information will only be disclosed by the agency you work with and Care and Protection Services in accordance with the provisions of the *Children and Young People Act 2008* or as otherwise permitted or required by law.

The information provided on this application form, and the information it provides access to, will be used as part of the screening process to decide whether you are deemed suitable to work with children.

Authority

The *Children and Young People Act 2008*.

Records Management

All information obtained in the assessment and screening process is confidential and records are kept in accordance with the *Territory Records Act 2002*.

Interstate/International Checks

If an interstate and/or international child protection history check is required, information may be shared with:

Department of Community Services (NSW)

Department of Human Services (VIC)

Department of Health and Human Services (TAS)

Department of Children and Families (NT)

Department for Child Protection (WA)

Department of Communities, Child Safety and Disability Services (QLD)

Department of Child Youth and Family (NZ)

Consent

I declare that I am the applicant named in this form. All information in this form, and identification documents provided for this application, are true and correct. I consent to undergo the Child Protection Records Checks referred to in this application. The Child protection checks will include seeking information relating to any involvement with Care and Protection Services and, where relevant, checks with child protection services interstate or internationally. I understand that if I have provided false or misleading information this may result in a decision to refuse my application.

Applicant 1 Signature

Date

Applicant 2 Signature

Date

Directorate Use Only	
Child Protection Records Check	
ACT Child Protection Records (mandatory) Policy, Data and Research	
<input type="checkbox"/> No information located in records when searched. <input type="checkbox"/> Yes, information was located in records when searched and was referred to Care and Protection Services for assessment. <input type="checkbox"/> CHYPS PBR <input type="checkbox"/> CHYPS (Other) <input type="checkbox"/> CIS	
Date of records checked:	Completed by:
Interstate Records (if required) Legal Services Unit	
<input type="checkbox"/> No information located in records when searched. <input type="checkbox"/> Yes, information was located in records when searched and was referred to Care and Protection Services for assessment.	
Date of Records checked:	Completed by:
Care and Protection Services Placement Manager to complete: <input type="checkbox"/> No information located. <input type="checkbox"/> Information located. Recommendation:	
Placement Manager:	Signature:
Date:	
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