



Child and Youth Protection Services

Consent to conduct child protection history check

Sensitive: Personal

Information in this document is subject to the confidentiality provisions of the *Children and Young People Act 2008*, the *Health Records (Privacy and Access) Act 1997* and the *Information Privacy Act (ACT) 2014*. Further information about the Directorate's privacy policy is available online at <http://www.communityservices.act.gov.au/>

Any person applying to work with (or care for) a child or young person in the ACT Government child protection system must have a child protection history checks undertaken by Child and Youth Protection Services (CYPS).

This form is used to request and provide consent to conduct Child Protection Records Checks. Your consent will enable CYPS 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 or the ACT Government as soon as practicable, and no later than seven (7) days of the change occurring. Failure to do so is an offence.

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 (e.g. 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 (e.g. known by middle name)

Family name/s

First name/s

Middle name/s

Both applicants to complete

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 or contact with Child and Youth Protection Services (CYPS) 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 Child and Youth Protection Services (CYPS) 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 <input type="text"/></p> <p>Date of birth (DD/MM/YYYY) <input type="text"/></p> <p>Relationship to applicant 1 <input type="text"/></p> <p>Relationship to applicant 2 <input type="text"/></p> <p>Currently lives (in household, independent living, other parent, unknown, etc) <input type="text"/></p>	<p>Name <input type="text"/></p> <p>Date of birth (DD/MM/YYYY) <input type="text"/></p> <p>Relationship to applicant 1 <input type="text"/></p> <p>Relationship to applicant 2 <input type="text"/></p> <p>Currently lives (in household, independent living, other parent, unknown, etc) <input type="text"/></p>
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Any additional children or young people, please provide details on separate sheet of paper and attach

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

<p>Name <input style="width:95%;" type="text"/></p> <p>Date of birth (DD/MM/YYYY) <input style="width:95%;" type="text"/></p> <p>Relationship to applicant 1 <input style="width:95%;" type="text"/></p> <p>Relationship to applicant 2 <input style="width:95%;" type="text"/></p> <p>Currently lives (in household, independent living, other parent, unknown, etc) <input style="width:95%;" type="text"/></p>	<p>Name <input style="width:95%;" type="text"/></p> <p>Date of birth (DD/MM/YYYY) <input style="width:95%;" type="text"/></p> <p>Relationship to applicant 1 <input style="width:95%;" type="text"/></p> <p>Relationship to applicant 2 <input style="width:95%;" type="text"/></p> <p>Currently lives (in household, independent living, other parent, unknown, etc) <input style="width:95%;" type="text"/></p>
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Any additional children or young people, please provide details on separate sheet of paper and attach

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 Child and Youth 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 (DD/MM/YYYY)

Applicant 2 Signature

Date (DD/MM/YYYY)

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 Child and Youth Protection Services for assessment. <input type="checkbox"/> CHYPS PBR <input type="checkbox"/> CHYPS (Other) <input type="checkbox"/> CIS	
Date of records checked (DD/MM/YYYY): <input type="text"/>	Completed by: <input type="text"/>
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 Child and Youth Protection Services for assessment.	
Date of records checked (DD/MM/YY): <input type="text"/>	Completed by: <input type="text"/>
Child and Youth Protection Services Placement Officer to complete: <input type="checkbox"/> No information located. <input type="checkbox"/> Information located. Recommendation:	
Placement Officer: <input type="text"/>	Signature: <input type="text"/>
Date (DD/MM/YYYY): <input type="text"/>	
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