

Child and Youth Protection Services Suitability and Carer Assessment Application

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 2014*. Further information about the Directorate's privacy policy is available online at

<http://www.communityservices.act.gov.au/>

About this form

This form is used by Child and Youth Protection Services (CYPS) to collect information about a person who has applied to be an approved foster carer or kinship carer in the ACT.

This form asks for your personal details and background information, including the personal details of any of your children and any other members of your household. It also asks for information regarding any previous involvement that you may have had in out of home care or other working with children. Finally, it asks for information regarding any allegations, investigations, charges or findings that may have arisen in relation to you which may be relevant to your suitability as an approved foster or kinship carer.

CYPS seeks this information to decide whether you are an appropriate person to support vulnerable children and young people in out of home care and, in particular, to decide whether you meet certain suitability criteria which are required to be applied under the *Children and Young People Act 2008*.

CYPS will request and review other information about you, including:

- child protection records (both in the ACT and other jurisdictions)
- criminal history (also known as a police check)
- Working with Vulnerable People (WWVP) registration status
- Reportable Conduct investigation findings (if relevant)
- other information which may be relevant to the carer assessment.

To do this, CYPS may speak to and request relevant information from ACT Policing, Access Canberra, the ACT Ombudsman and relevant Health and Community Services. It will also often speak to and request relevant information from similar interstate and international bodies.

This form asks you to provide information about your criminal and child protection history. It is important you provide true and accurate information. If you are unsure whether you have been involved with a child protection agency before, talk to your case manager and they will help you.

If there are any changes in your circumstances, or information becomes known to you that may affect your care of children and young people, you must advise CYPS as soon as practicable, and no later than seven days of the change occurring. Penalties may apply if you do not provide this information. Changes to your circumstances include being charged or convicted of an offence, changes to your Working with Vulnerable People registration, or a child or adult coming to live with you.

Only people who are applying to be foster or kinship carers are required to complete the whole form.

Each person over the age of 18 years who resides in your home will need to complete the **Suitability and carer assessment information: additional adult household member** form. They will also need to be found suitable and have their criminal and child protection history reviewed.

Your personal information

Your personal information is collected and shared under the *Children and Young People Act 2008*, in accordance with the *Health Records (Privacy and Access) Act 1997* and *Information Privacy Act 2014*.

CYPS is required by law to satisfy itself that you are an appropriate person to be an approved carer.

Accordingly, CYPS is likely to collect personal information of a sensitive nature about you and other members of your household. This may include information contained in our child protection records and/or the records of interstate child protection agencies. It may include any reports and appraisals that relate to you as a parent, as a carer or as a child or young person in care and it may relate to matters that were not the subject of any formal action by the police or any child protection agency. You may or may not be aware of all the information held in these records.

If you have applied to be a foster carer or kinship carer through a community organisation, CYPS will provide information relating to the outcome of this assessment to that community organisation.

Any information we are able to share with you will be provided to the organisation.

The organisation may discuss the outcome, and this information, with you.

CYPS is required to remain satisfied that you are an appropriate person while you remain an approved carer.

Accordingly, CYPS is likely to continue to use or disclose your personal information for the purpose of assessing your suitability and for the purpose of monitoring your suitability over time.

You should be aware that any concerns which may arise in relation to you as an approved carer, and/or any concerns which may arise in relation to the safety and wellbeing of a child or young person you are involved with, may trigger broader care and protection obligations under the *Children and Young People Act 2008* and/or other statutory obligations.

CYPS is required to use all the information in its possession to protect children and young people.

Accordingly, CYPS is likely to retain your personal information to the extent that it may be relevant to the safety and wellbeing of any children or young people who may come into contact with you in the future as a parent, as a carer or as a person engaging in work with children and young people.

KINSHIP CARER APPLICATION MADE IN RESPECT OF CHILD/REN

Person ID	Name	Date of Birth (DD/MM/YYYY)	Relationship to Child

(NB: Above information only required for kinship care applications)

* Any additional children, please provide details on separate sheet of paper and attach.

APPLICANT INFORMATION

Personal Information

Title

Family Name

First Name

Middle Name (if applicable)

Preferred name (if different to First Name)

Date of Birth (DD/MM/YYYY)

Gender identification

Marital/Partnership Status

Do you identify as:

- Aboriginal
- Torres Strait Islander
- Aboriginal and Torres Strait Islander
- Neither Aboriginal nor Torres Strait Islander
- From another Culturally or Linguistically Diverse (CALD) background? If yes, provide details

Contact Details

Mobile Phone Number

Home Phone Number

Email Address

Current Residential Address

Postal Address (if different from residential address)

Background information

Is this a joint application?

Yes No

If yes, please provide the name of other carer applicant

Are you an Australian citizen or permanent resident?

Yes No

If no, please provide details

Place of Birth (Town/City)

Country

Drivers Licence Number (if applicable)

What language do you mainly speak at home?

(optional)

English

Other – please specify

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

No Yes (please specify below)

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)

If yes, please provide details

Are you currently working?

No Yes

If yes, where do you work?

Do you receive a payment from Centrelink?

No Yes

If yes, what type of payment?

Previous Addresses

If you have lived at more than one address in the last ten (10) years, please provide details below (including if you have lived interstate or overseas for twelve (12) months or more). Most recent first¹.

Previous Residential Address 1

Dates: Start: End:

Previous Residential Address 2

Dates: Start: End:

Previous Residential Address 3

Dates: Start: End:

Previous Residential Address 4

Dates: Start: End:

(Note: If specific dates are not available, please include the years above)

¹ Please attach an additional page if you have lived at more than four addresses in the past 10 years.

SELF-REPORT BY APPLICANT

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

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

Have you had any involvement or contact with Child and Youth Protection Services (CYPS) or any interstate or international child protection agency in the following ways:

- Foster Carer, including through case management
- Kinship Carer
- EPR/Adoptive Carer

- Employee - either community or government
- Former child or young person in care in the ACT or another jurisdiction
- Birth Parent or Family Member who has had children in care
- Any allegations, substantiations or child concern reports you are aware of for you or any other family members
- No known involvement

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 (including date/s of charge/s or conviction/s)

Do you have any charges pending?

- No Yes

If yes, please provide details

Have you ever been the applicant or respondent person in a domestic violence and/or family violence order in the ACT, other state/territory or internationally?

- No Yes

If yes, please provide details

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 the subject of a reportable conduct investigation for allegations relating to a child?

- No Yes

If yes, please provide details (including date/s of investigation/s)

If you have been the subject of a reportable conduct investigation, who was your employer at the time? (Including volunteering)

Do you have a current Working with Vulnerable People (WWVP) registration, or have you applied for a registration? (Select one)

You hold a WWVP registration (a copy of the front and back of the registration card must be attached)

Registration number:
Expiry Date:

You have applied for a WWVP registration (a copy of the application lodgement receipt must be attached. Kinship carers may provide care while registration is pending)

Application number:
Date submitted:

You do not have a WWVP registration (*you will need to apply for a registration as soon as possible*)

Did someone help you fill out this form? (*e.g. help you understand the questions or translate the questions into a different language?*)

No Yes

If Yes, please provide details

CHILDREN OF APPLICANT (*include all children regardless of age - including over 18 years*)

Name
Date of birth (DD/MM/YYYY)
Gender identification
Currently lives (in household, independent living, other parent, unknown, etc)

Name
Date of birth (DD/MM/YYYY)
Gender identification
Currently lives (in household, independent living, other parent, unknown, etc)

Name
Date of Birth (DD/MM/YYYY)

Name
Date of Birth (DD/MM/YYYY)

<p>Gender Identification</p> <input type="text"/> <p>Currently lives (in household, independent living, other parent, unknown, etc)</p> <input type="text"/> <input type="text"/>	<p>Gender Identification</p> <input type="text"/> <p>Currently lives (in household, independent living, other parent, unknown, etc)</p> <input type="text"/> <input type="text"/>
<p>Name</p> <input type="text"/> <p>Date of Birth (DD/MM/YYYY)</p> <input type="text"/> <p>Gender Identification</p> <input type="text"/> <p>Currently lives (in household, independent living, other parent, unknown, etc)</p> <input type="text"/> <input type="text"/>	<p>Name</p> <input type="text"/> <p>Date of Birth (DD/MM/YYYY)</p> <input type="text"/> <p>Gender Identification</p> <input type="text"/> <p>Currently lives (in household, independent living, other parent, unknown, etc)</p> <input type="text"/> <input type="text"/>

* Any additional children, please provide details on separate sheet of paper and attach.

OTHER CHILDREN/YOUNG PEOPLE APPLICANT IS PROVIDING OR HAS PROVIDED CARE TO

<p>Name</p> <input type="text"/> <p>Date of Birth (DD/MM/YYYY)</p> <input type="text"/> <p>Gender Identification</p> <input type="text"/> <p>Child's Relationship to Applicant</p> <input type="text"/> <p>Currently lives (in household, independent living, other parent, unknown, etc)</p> <input type="text"/> <input type="text"/>	<p>Name</p> <input type="text"/> <p>Date of Birth (DD/MM/YYYY)</p> <input type="text"/> <p>Gender Identification</p> <input type="text"/> <p>Child's Relationship to Applicant</p> <input type="text"/> <p>Currently lives (in household, independent living, other parent, unknown, etc)</p> <input type="text"/> <input type="text"/>
<p>Name</p> <input type="text"/> <p>Date of Birth (DD/MM/YYYY)</p> <input type="text"/> <p>Gender Identification</p> <input type="text"/>	<p>Name</p> <input type="text"/> <p>Date of Birth (DD/MM/YYYY)</p> <input type="text"/> <p>Gender Identification</p> <input type="text"/>

<p>Child's Relationship to Applicant</p> <input type="text"/>	<p>Child's Relationship to Applicant</p> <input type="text"/>
<p>Currently lives (in household, independent living, other parent, unknown, etc)</p> <input type="text"/>	<p>Currently lives (in household, independent living, other parent, unknown, etc)</p> <input type="text"/>

*Any additional children, please provide details on separate sheet of paper and attach.

ADDITIONAL ADULT HOUSEHOLD MEMBERS DETAILS

<p>Name</p> <input type="text"/>	<p>Name</p> <input type="text"/>
<p>Date of Birth (DD/MM/YYYY)</p> <input type="text"/>	<p>Date of Birth (DD/MM/YYYY)</p> <input type="text"/>
<p>Relationship</p> <input type="text"/>	<p>Relationship</p> <input type="text"/>
<p>Has the additional adult household member completed the Suitability and carer assessment information: additional adult household member form?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes	<p>Has the additional adult household member completed the Suitability and carer assessment information: additional adult household member form?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes

<p>Name</p> <input type="text"/>	<p>Name</p> <input type="text"/>
<p>Date of Birth (DD/MM/YYYY)</p> <input type="text"/>	<p>Date of Birth (DD/MM/YYYY)</p> <input type="text"/>
<p>Relationship</p> <input type="text"/>	<p>Relationship</p> <input type="text"/>
<p>Has the additional adult household member completed the Suitability and carer assessment information: additional adult household member form?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes	<p>Has the additional adult household member completed the Suitability and carer assessment information: additional adult household member form?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes

*Include details of all household members who are over the age of 18 years (excluding applicants).
If more than 4 additional adult household members, please provide details on separate sheet of paper and attach.

DECLARATION AND CONSENT OF APPLICANT

By signing this form, 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 understand providing false or misleading information is an offence and may result in a decision to refuse my application.
- I consent to undergo a national and/or international criminal history check.
- I consent to undergo a child protection records check including with other child protection agencies in Australia and New Zealand. I consent to my records being shared with other Australian and New Zealand child protection jurisdictions, or internationally.
- I understand that the assessment undertaken by CYPS will involve reviewing the national and/or international criminal history check, child protection records from the ACT or interstate/international agencies and, if required, information from other relevant sources.
- I understand that to be a foster or kinship carer I am engaging in a regulated activity and I must hold a Working with Vulnerable People (WWVP) registration. If I do not already hold a WWVP registration, I understand that I must submit an application as soon as possible and no more than seven days after commencement of the care placement.
- I understand that if I do not complete my registration for a WWVP or the checks indicated above result in concerns, CYPS case managers will discuss the issues with me and this may impact on my continuation as a foster or kinship carer.
- I understand that all members of my household over the age of 18 must complete the **Suitability and carer assessment information: additional adult household member** form and will undergo a child protection records check and a criminal history check.
- I understand that CYPS or the agency that I provide care for is required by law to monitor my ongoing suitability and that my personal information may be shared with other entities for the purpose of meeting that requirement.
- I understand that if there are any changes in my circumstances, or the circumstances of a member of my household over the age of 18 years, I must advise CYPS or the agency that I provide care for as soon as practicable, and no later than seven days of the change occurring. I understand that failure do so may be an offence.
- I understand that my personal information will be held in the ACT child protection client management system and may be used for other statutory obligations under the *Children and Young People Act 2008*.
- I understand that information relating to the outcome of this assessment may be provided to the community organisation that submitted this form to inform their carer assessment process.
- I understand that by signing this I agree to exercise the responsibility of the Director-General of the Community Services Directorate subject to any directions.

Applicant Signature

Date (DD/MM/YYYY)

AGENCY USE ONLY

Agency Name

Program name (if applicable)

Type of care:

- Foster Carer - New
 Foster Carer – Renewal

ACA expiry date:

- Kinship Carer - New
 Kinship Carer – Renewal

ACA expiry date:

- Additional household member

Main carer applicant:

Relation to applicant:

- Adult child
 Partner
 Adult Relative
 Housemate

Documentation provided to support application:

Foster/Kinship Carer:

- Signed - Suitability and carer assessment application form
 National Police Certificate (*dated within past 12 months*)
 Copy of WWVP Registration (*front and back*) (*NB: Not required for additional household members*)
 International Police Check (*If required*)
 Risk Assessment including mitigation strategies (*where concerns have been identified by agency*)