

# Application for care history summary statement

Complete this form to apply for administrative access to a care history summary statement that sets out the dates and locations of placements during your time in the care of the department.

Care history summary statements are only available to the person to whom the information about placements relates or their authorised representative.

**Privacy notice:** The Department of Child Safety, Youth and Women is collecting your personal information on this form to assess and manage your application for a care history summary statement. The department will manage your personal information in accordance with the *Information Privacy Act 2009*.

Applicant's details			
First name:		Middle name/s:	
Family name:		Date of birth:	
Other names used while in care:			
Dates in care (if known):			
Other relevant information: <i>E.g. institutions in which you were placed, mother's maiden name, names of siblings</i>			
Applicant's authorised representative's details (complete only as relevant)			
First name:		Family name:	
Organisation:			
Address:			
In what capacity are you authorised to act for the applicant?	<input type="checkbox"/> Legal representative <input type="checkbox"/> Support service <input type="checkbox"/> Friend/relative <input type="checkbox"/> Other (please specify): _____		
If a representative is acting for the applicant, evidence of their authority to act, as well as evidence of their identity, must be forwarded along with this form (identity requirements are the same as for the applicant as detailed overleaf).			

<p><b>How would you like to receive your care history summary statement?</b> <i>Please select one option only</i></p>	<input type="checkbox"/> <b>Secure email</b>	
	<b>Email address:</b>	
	<input type="checkbox"/> <b>Registered post</b>	
	<b>Postal address:</b>	
	<input type="checkbox"/> <b>Collect from Brisbane CBD (111 George Street)</b>	
	<input type="checkbox"/> <b>Collect from local area office:</b>	
	<b>Please specify which office/ locality:</b>	
<p><b>How would you like us to communicate with you about your request?</b> <i>Select all that apply</i></p>	<input type="checkbox"/> <b>Email</b>	
	<b>Email address:</b> <i>If same as above, write 'as above'</i>	
	<input type="checkbox"/> <b>Phone</b>	
	<b>Contact number 1:</b>	
	<b>Contact number 2:</b>	
	<input type="checkbox"/> <b>Mail</b>	
	<b>Postal address:</b> <i>If same as above, write 'as above'</i>	
<p><b>Evidence of identity:</b> <i>Contact us on (07) 3097 5605 or freecall 1800 809 078 if you are finding it difficult to provide evidence of your identity</i></p>	<input type="checkbox"/> <b>Original certified copy of identity document enclosed</b> <b>Post a certified copy of your driver's licence, passport, birth certificate, proof of age card or other identity document along with this completed form to:</b>  <p style="text-align: center;">                     Right to Information, Redress and Screening                      Department of Child Safety, Youth and Women                      Locked Bag 3405                      BRISBANE QLD 4001                 </p> <p><b>Certified</b> means certified by a justice of the peace, commissioner for declarations or lawyer as a true copy of the original document. Send the copy which has the original stamp or signature of the person who certified the document</p>	
	<input type="checkbox"/> <b>Statutory declaration</b> <b>A statutory declaration completed by someone who has known you for two or more years, which says that you are the person named as the applicant.</b>	

<b>Evidence of identity (cont'd):</b> <i>Contact us on (07) 3097 5605 or freecall 1800 809 078 if you are finding it difficult to provide evidence of your identity</i>	<input type="checkbox"/> Evidence of identity sighted by departmental officer	
	<b>Date:</b>	
	<b>Signature:</b>	
	<b>Position title:</b>	
	<b>Region/business area:</b>	
<b>Applicant's signature (or signature of authorised representative)</b>		
<b>Date:</b>		