**Privacy notice**

Child Safety of Child Safety, Youth and Women (Child Safety) is collecting the personal information on this form for the purpose of assessing your application to become an adult household member. This is authorised under the *Child Protection Act 1999* and the *Child Protection Regulation 2011*. Your personal information will be managed in accordance with the *Information Privacy Act 2009*.

Under the *Childrens Court Rules 2016* and the *Director of Child Protection Litigation Act 2016*, Child Safety is required to provide relevant information to the Director of Child Protection Litigation (DCPL) in relation to child protection proceedings, and the DCPL has a duty to disclose documents relevant to the proceeding to each other party. Therefore, any information provided to Child Safety that may be relevant to current or future court proceedings may be provided to the parties, including the parents.

Child Safety may give some or all of this personal information to the Queensland Police Service, Blue Card Services and Queensland Transport. If an Aboriginal or Torres Strait Islander person is a household member, some or all of the personal information may be given to an Independent Aboriginal or Torres Strait Islander entity.

In circumstances where an interstate or international child protection check is required, your personal information may be provided to the government agency responsible for child protection in other Australian States and Territories and to International Social Services Australia and the New Zealand Department of Child, Youth and Family Services.

Your personal information will be managed in accordance with the *Information Privacy Act 2009* (Qld).

**Guidelines**

**All NEW adult household members must complete this form in any of the below circumstances:**

* **immediately a household member turns 18 years of age;**
* **prior to joining an approved carer’s household;**
* **immediately upon joining an approved carer’s household;**
* **immediately upon joining the household of a person who has applied to be an approved carer.**

**Send the completed form to the Central Screening Unit the same day the application is signed**

Household members aged 18 years and over must give signed consent and are advised that suitability checks will be conducted by Child Safety and include criminal history checks, domestic violence, traffic and child protection suitability checks. Domestic violence checks include where a person was an aggrieved or respondent to a domestic violence order (protection order). Criminal history checks include all fines, charges, convictions, spent convictions (longer than ten years ago). Household members aged under 18 years are not required to undergo criminal or domestic violence checks.

Child Protection checks will be undertaken to assist in the determination of suitability of adult household members. International criminal, child protection and traffic history checks will be conducted if the adult household member has lived overseas for more than six months.

New adult household members will be required to apply for a blue card or exemption card through Blue Card Services. If a household member already holds a blue card or exemption card, it will be required to be linked to Child Safety. The adult household member must:

* provide their existing blue card or exemption card number in this form OR
* provide their online account number in this form OR
* complete a paper based Volunteer foster/kinship carer or adult member blue/exemption card application form.

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| **CARER DETAILS FOR ADULT HOUSEHOLD MEMBER** | | | | | | |
|  | | | | | | |
|  | EOI Number: |  | Name of Carer 1: | |  |  |
|  | | | | | | |
|  | CSU File No: |  | Name of Carer 2: | |  |  |
|  |  |  |  | |  |  |
|  | Relationship of household member to Carer 1: | | |  | |  |
|  |  |  |  |  | |  |
|  | Relationship of household member to Carer 2: | | |  | |  |
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| **NEW ADULT HOUSEHOLD MEMBER DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Title: | | Mr  Mrs  Miss  Ms  Dr  Rev | | | | | | | |  | | | Gender: | | | | | | |  | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | First name: | | | |  | | | | | Middle name/s: | | | | | | | | | | |  | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Surname: | | | |  | | | | | Birth name: | | | | | | | | | | |  | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Other names known by: | | | | |  | | | | | | | | | | Phone: | | | | |  | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Date of birth: | | | |  | | | | | State of birth: | | | | | | |  | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | City of birth: | | | |  | | | | | Country of birth: | | | | | | | |  | | | | | | | | |  |
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|  | Current residential address: | | | | | | |  | | | | | | | | | | | | | | State: | | |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | |  | | | | | | | | | | | | | | Post code: | | |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Have you lived at the above address for more than 5 years? | | | | | | | | | | | | Yes | | | | | | No | | | | |  | | |  |
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|  | ***If yes, go to the Blue Card section of this form.*** | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | If no, provide your address details for the last 5 years below: | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Previous residential address 1: | | | | | | | |  | | | | | | | | | | | | | State: | | |  | |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Previous residential address 2: | | | | | | | |  | | | | | | | | | | | | | State: | | |  | |  |
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|  |  | | | | | | | |  | | | | | | | | | | | | | Post code: | | |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Previous residential address 3: | | | | | | | |  | | | | | | | | | | | | | State: | | |  | |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Previous residential address 4: | | | | | | | |  | | | | | | | | | | | | | State: | | |  | |  |
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|  |  | | | | | | | |  | | | | | | | | | | | | | Post code: | | |  | |  |
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|  | **Do you have a current Blue Card or Exemption Card?** | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | **Yes** | | …provide blue card or exemption card details below | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Blue Card Number: | | | | | |  | | | | |  | | | Expiry Date: | | | | | | | |  | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Exemption Card Number: | | | | | |  | | | | |  | | | Expiry Date: | | | | | | | |  | | |  |  |
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|  |  | **No** | | …please complete either of the 2 options below | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 1. Register for an online account with Blue Card Services and provide your online account number | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Online account number provided by Blue Card Services: | | | | | | | | | | | | | | | | | | | | | |  | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | **OR** | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 1. Complete and attach a Volunteer foster/kinship carer or adult member blue/exemption card application form\* | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | *\*If you are submitting a paper based blue card application you will be required to provide a certified copy of your ID or TMR letter with your blue card application.* | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **Consent**  Consent is necessary because members in a carer’s household must be suitable persons to associate on a daily basis with children and young people as defined in the *Child Protection Act 1999*. As an adult member of the carer household, I consent to Child Safety, the relevant agencies identified in the privacy notice and the government departments and agencies responsible for child protection in other Australian States and Territories and International Social Services Australia and the New Zealand Department of Child, Youth and Family Services to:   * undertake criminal, child protection, 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 understand that if my personal information is held by Child Safety, other government departments and agencies, then this information will be disclosed by Child Safety, other government departments and agencies in accordance with the provisions of their Act/s or otherwise permitted or required by law. I understand that my personal information will not be disclosed to the carer during the carer approval process, however if the carer applicant wishes to have the decisions from the carer approval process reviewed by the Queensland Civil and Administrative Tribunal (QCAT) my personal information may be disclosed during this review.  I consent to information obtained in processing this application to be provided to any third party who is vested with assessing the application.  I understand that my personal information will be managed in accordance with the *Information Privacy Act 2009* and relevant sections of the *Child Protection Act 1999.*  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. | | | | | | | | | | | | | | | | | | | | | | | | | |  |

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|  | Applicants signature: |  | Date signed: |  |
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|  | Applicants name: |  | |  |  |  |
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| **Proof of Identity** *(to be completed by staff member or designated officer)* | | | | |  | |  | |
| **List 1**  The staff member must sight 1 original document from this list. Please tick and record identification number. | | | | | | | | |
| **Signature Document** | | | | |  | |  | |
|  | | | | | |  |  | |
| Current Driver’s License or proof of age card | | | **License Number:** | | |  |  | |
|  | | |  | | |  |  | |
| Current Australian or overseas passport | | | **Passport Number:** | | |  |  | |
|  | | |  | | |  |  | |
| **Non Signature Document** | | |  | | |  |  | |
|  | | |  | | |  |  | |
| Birth Certificate | | | **Reference Number:** | | |  |  | |
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| Australian naturalisation or citizenship document or | | | **Reference Number:** | | |  |  | |
| evidence of residency status issued by the Commonwealth | | |  | | |  |  | |
| Department of Immigration and Indigenous Affairs | | |  | | |  |  | |
|  | | | | | |  |  | |
| Current document of identity issued by the Department of | | | **Reference Number:** | | |  |  | |
| Foreign Affairs and Trade | | |  | | |  |  | |
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| **List 2**  The staff member (or designated officer) must also sight 1 original document from this list. Please tick relevant box. | | | | | | | | |
| **Signature Document** | | | | | | | | |
| current Pension Concession car, Department of Veterans’ Affairs entitlement card, Senior Health card or any other | | | | | | | | |
| entitlement card issued by Centrelink | | | | | | | | |
| signed current credit card, or account card from a bank, building society or credit union | | | | | | | | |
| current blue card or exemption card | | | | | | | | |
| Identification card from a tertiary education institution or high school (with photo and signature) | | | | | | | | |
| current Australian shooters/firearm licence | | | | | | | | |
| current gaming machine licence issued in Queensland | | | | | | | | |
| **Non-Signature Document** | | | | | | | | |
|  | | | | | | | | |
| current Medicare card | | | | | | | | |
| recent passbook or account statement issued by a bank, building society or credit union | | | | | | | | |
| recent Australian taxation assessment notice | | | | | | | | |
| current lease/rent agreement from a licensed real estate agent | | | | | | | | |
| current crowd controller, private investigator or security officer licence issued in Queensland | | | | | | | | |
| NICAN card | | | | | | | | |
|  | | | | | | | | |
| **ID Sighted and verified** *(to be completed by staff member or designated officer):* | | | | | | | | |
| I certify that I have sighted the original documents proving the household member’s identity and checked the member’s identity and checked the personal details on this form against the original documents as marked in the lists above. A photocopy of the ID has been placed on the applicants file.  *A designated officer is a police officer, staff member of a foster and kinship care service or a Justice of the Peace.* | | | | | | | | |
| Name: |  | Position: | |  | | | |  |
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| Signature: |  | Date: | |  | |  |
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