

Privacy Notice

The Department of Child Safety, Seniors and Disability Services (Child Safety) is collecting the personal information on this form for the purpose of assessing the carer applicant for consideration to become an approved foster or kinship carer or renew a foster carer or kinship carer certificate. The information is necessary for Child Safety to perform functions under sections 82, 122, 131, 132, 133, 134, 135, 136, 142, 143 of the *Child Protection Act 1999* and the Child Protection Regulation 2023 Part 8.

Your personal information collected will be treated in accordance with the *Information Privacy Act 2009*.

Please provide the details of your General Practitioner (GP) or other treating medical practitioner below.

An *other treating medical practitioner* can be a medical doctor who is in a field of medical specialty.

To identify fields of medical specialty please refer to the Medical Board of Australia's [List of Specialties, Fields of Specialty Practice and Related Specialist Titles](#).

GP or other treating medical practitioner details

General Practitioner

Other treating medical practitioner

Name:

Address:

Phone:

State:

Postcode:

Applicant's consent to release medical information

I, request that you make available to Child Safety any medical information that you consider may be relevant to my application to become a foster or kinship carer, including information from other treating medical practitioners if applicable.

Applicant's signature:

Date: