

PROVISION OF INFORMATION TO CARE LEAVERS

Pursuant to section 153 of the Children and Young People (Safety) Act 2017

Request to access deceased care leaver's records



Government of South Australia
Department for Child Protection

DETAILS OF APPLICANT

Title (Mr/Mrs/Ms/Miss): Date of Birth:

Given Names: Surname:

Previous Names (AKA):

Postal Address: Postcode:

Contact number: (Home) () (Mobile)

Email:

Relationship to deceased care leaver:

Details of care leaver:

Title (Mr/Mrs/Ms/Miss): Date of Birth:

Given Names: Surname:

Previous Names (AKA):

DETAILS OF REQUEST

I request the following:

(Please provide a clear description of the information you are requesting. If you are uncertain about the information DCP may hold, please contact us to discuss.)

Please turn over ►

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AGENT INFORMATION & CONSENT (Optional)

Please complete this section if you would like to make an application through a support agent. Attached to this form is an authority to release and exchange information should you wish for your agent to act on your behalf.

My nominated agent is: Contact person:

Postal Address: Postcode:

Contact number: Email:

FORM OF ACCESS

I would prefer to access my documents in the following format *(please tick one of these)*:

- Paper copy of the documents to my postal address Electronic copy (USB or CD-ROM) of the documents sent to my postal address
- Copies of the documents sent to my email address

APPLICANT SIGNATURE

** I declare that the information provided is true and correct to the best of my knowledge, and is not false or misleading information.*

Signed:

Date:

CONTACT DETAILS

Please send your completed application, supporting identification and documents to:

Freedom of Information Team
Department for Child Protection
GPO Box 1072
ADELAIDE SA 5001

Or email to: DCP.FOI@sa.gov.au

Website: www.childprotection.sa.gov.au
Phone: (08) 8226 4399

AUTHORITY TO RELEASE AND EXCHANGE INFORMATION (CONSENT)



APPLICANT DETAILS

I (name): Date of Birth:

Of (address):

Provide consent for the Department for Child Protection to access and exchange information about me with the following services/person:

I give consent for the agent listed above to *(please tick)*:

- | | |
|--|---|
| <input type="checkbox"/> If required, negotiate a scope on my behalf | <input type="checkbox"/> Discuss my personal information |
| <input type="checkbox"/> Receive correspondence / documents on my behalf | <input type="checkbox"/> Negotiate a withdrawal or transfer of my application |

I understand I have the right to withdraw this consent at any time by advising the Department for Child Protection either verbally or in writing.

APPLICANT SIGNATURE

Signed:

Date:

Name:
(please print name in full)

PROVISION OF INFORMATION TO CARE LEAVERS APPLICATION CHECKLIST

Request for records

- Signed application form
- Please provide photocopied identification that has a current address and signature – such as one or more of the following –
 - Drivers Licence
 - Health Care / Centrelink card
 - Proof of age card
 - Passport
- If applicable – proof of any changes of name (for example, through marriage)
- Written consent from Family member(s)

(You may wish to request a consent form from our office. The consent form will need to be completed and signed by the relevant family member whose information you are requesting. This form once completed provides your family member's consent to allow us to release information about them to you.)

Section 153(9)(c) specifies access to a deceased care leaver's records can be granted to; a grandparent, parent, child or grandchild.

- Proof of relationship to a deceased care leaver is required, this involves documentation showing a clear link between them and yourself and may include:**
 - Death certificate
 - Death notice from a newspaper
 - Family member's birth certificate
 - Marriage Certificates / Change of Name Certificate if family member has changed names
 - Death certificate

Please send your application with **ALL** supporting documents.

If all supporting documents are not lodged with your request, then your application may be invalid/incomplete.

Please contact the Freedom of Information Team if you have any queries on: **(08) 8226 4399** or DCP.FOI@sa.gov.au