# Withdrawal of Application Form

 *The form is completed by both the service provider and applicant/temporary carer following their discussion in regard to the withdrawal of an application.*

*If the applicant/temporary carer cannot be contacted or has not completed the form, complete sections 1, 4, 5 and 6.*

**Applicant section**

I/We wish to withdraw my/our application to become an approved carer.

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| **1. Details of closure** |
| **Applicant (1) name** | < enter text > |
| **Applicant (2) name** | < enter text > |
| **Applicant address** | < enter text > |
|  |
| **2. Comments by applicants (not required to be completed)** |
| < enter text > |

I/We understand that the assessment information gathered will be shared with Department for Child Protection.

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| 3. Signature |
| **Carer applicant (1) signature** |  | **Date** | Click or tap to enter a date. |
| **Carer applicant (2) signature** |  | **Date** | Click or tap to enter a date. |

**Service provider section**

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| **4. Discussion with Applicant/s** |
| Has the assessor discussed with the applicant/s the withdrawal of their application and provided the form to the applicants to enable them to withdraw their application? | [ ]  Yes[ ]  NA | **Date of discussion:** Click or tap to enter a date.**Date form provided:** Click or tap to enter a date. |
| 5. Providing assessment information to CARU |
| Has all of the assessment information been sent to CARU(including any notes or drafts) | [ ]  Yes[ ]  NA | **Date sent:**Click or tap to enter a date. |
| 6. Comments by assessor/worker * *Outline the reason for withdrawal.*
* *Briefly outline applicant/s strengths and any areas that need further development or information.*
 |
| < enter text > |

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| --- | --- | --- | --- |
| Assessor Signature |  | Date | Click or tap to enter a date. |
| **Supervisor Signature** |  | **Date** | Click or tap to enter a date. |