|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICATION DETAILS** | | | | | | | | | |
| **Category of care *(select one)*** | | | | | | | | | |
|  | Foster Care  *Complete part one only* | |  | Kinship Care  *Complete Part one and two* | | | |  | Specific Child Only Care (SCO)  *Complete Part one and two* |
| **Application Pathway *(for Kinship and SCO only)*** | | | | | | | | | |
|  | Application from temporary placement | | | |  | Children not placed prior to application | | | |
| **DCP/Agency Worker Details: *Please note, a DCP worker must complete and submit this form if category of care is kinship or specific child only*** | | | | | | | | | |
| Name of worker submitting application | |  | | | | | Position |  | |
| Email | |  | | | | | Phone |  | |

**PART 1 – Conditions of Application**

*To be completed by all prospective applicants*

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICANT DETAILS** | | | |
| **Applicant One** | | **Applicant Two** | |
| Full Name  (first middle and last) |  | Full Name  (first middle and last) |  |
| Previous Name/s and Alias/es |  | Previous Name/s and Alias/es |  |
| Gender | Male  Female  Other: | Gender | Male  Female  Other: |
| Residential address |  | Residential address |  |
| Postal address |  | Postal address |  |
| Phone Number |  | Phone Number |  |
| Email Address |  | Email Address |  |
| SA WWCC current | Yes  No | SA WWCC current | Yes  No |
| Screening Date | /       / | Screening Date | /       / |
| Country of Birth |  | Country of Birth |  |
| Culture |  | Culture |  |
| Aboriginal/Torres Strait Islander | Yes  No  Unknown | Aboriginal/Torres Strait Islander | Yes  No  Unknown |
| Cultural Group |  | Cultural Group |  |
| Clan/Skin Group |  | Clan/Skin Group |  |
| Second Clan or Skin Group |  | Second Clan or Skin Group |  |
| Language/s Spoken |  | Language/s Spoken |  |
| Interpreter required | Yes  No | Interpreter required | Yes  No |
| Australian Citizen | Yes  No | Australian Citizen | Yes  No |
| Permanent Resident | Yes  No  N/A | Permanent Resident | Yes  No  N/A |
| Employment Status |  | Employment Status |  |
| Occupation |  | Occupation |  |
| Work Hours |  | Work Hours |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CONDITIONS OF APPLICATION** | | | | |
| **Please mark each box to indicate you have understood and agreed to the following:** | | | | |
|  | I am applying to become a foster/kinship/Specific child only carer with the Department for Child Protection, under the *Children and Young People (Safety) Act 2017.* | | | |
|  | I understand that the information required as part of this application process will be used for the purpose of determining my current and ongoing suitability as an approved carer, including a child protection records check by the Department for Child Protection. | | | |
|  | I understand that as part of the assessment process, checks of Department for Child Protection records will be conducted for all household members and regular guests aged 18 years and above. I also understand that if applicable, these household members and regular guests will also need to consent to interstate child protection history checks. | | | |
|  | I consent to the information already collected by the Department for Child Protection (including any information collected for the purpose of a temporary placement, if applicable), being used to assess my suitability as an approved carer and, where required, shared with an external assessment and/or support agency. | | | |
|  | I acknowledge that the carer assessment process, including timeframes, has been explained to me. | | | |
|  | I confirm that I will make myself and the children and/or young people in my care (if applicable) available to the assessor in my home environment, as required. | | | |
|  | I understand that all people aged 18 years and above who are members of my household must provide evidence of a current Working With Child Check (WWCC) and provide consent to DCP to conduct the required SA and interstate child protection history checks prior to my endorsement as an approved carer. | | | |
|  | I understand that if approved, my ongoing approval as a carer is dependent on any person aged 18 years and above joining my household in the future providing evidence of a current Working With Child Check (WWCC) and undergoing an SA and interstate child protection history check. | | | |
|  | I understand that the collection, storage, use and disclosure of my personal information by the Department for Child Protection will occur in accordance with the *State Records Act 1997* and the *Children and Young People (Safety) Act 2017*. | | | |
|  | I understand my obligation under section 75 of the *Children and Young People (Safety) Act 2017* to inform the Department of Child Protection, as soon as is reasonably practicable, of any change in my circumstances that might affect my suitability as an approved carer, including if I, or any member of my household, is charged with an offence punishable by imprisonment. | | | |
| Applicant 1 signature | |  | Date | /       / |
| Applicant 2 signature | |  | Date | /       / |

|  |  |  |  |
| --- | --- | --- | --- |
| ***OTHER HOUSEHOLD MEMBERS (not applicants)***  ***List all adults, young people and children who:***   * ***Live in the household*** * ***Frequently stay overnight in the home***   ***Email addresses are required in order to process Working with Children Check screening checks*** | | | |
| **Household Member One** | | | |
| Full Name  (first middle and last) |  | Previous Name/s and Alias\es |  |
| Date of Birth | /       / | Relationship to Applicant 1 |  |
| Gender | Male  Female  Other: | Relationship to Applicant 2 |  |
| Children/s Name/s: *(If applicable)* *Please insert rows or attach separate document if more than 2 children* |  | Children’s DOB | /       / |
|  | Children’s DOB | /       / |
| Resided interstate and/or NZ: | YES  NO  If yes, please complete the ‘**Interstate CP information request’** & ‘**Consent to Share Information’** forms | | |
| Email Address |  | | |
| **Household Member Two** | | | |
| Full Name  (first middle and last) |  | Previous Name/s and Alias\es |  |
| Date of Birth | /       / | Relationship to Applicant 1 |  |
| Gender | Male  Female  Other: | Relationship to Applicant 2 |  |
| Children/s Name/s: *(If applicable)* *Please insert rows or attach separate document if more than 2 children* |  | Children’s DOB | /       / |
|  | Children’s DOB | /       / |
| Resided interstate and/or NZ: | YES  NO  If yes, please complete the ‘**Interstate CP information request’** & ‘**Consent to Share Information’** forms | | |
| Email Address |  | | |
| **Household Member Three** | | | |
| Full Name  (first middle and last) |  | Previous Name/s and Alias\es |  |
| Date of Birth | /       / | Relationship to Applicant 1 |  |
| Gender | Male  Female  Other: | Relationship to Applicant 2 |  |
| Children/s Name/s: *(If applicable)* *Please insert rows or attach separate document if more than 2 children* |  | Children’s DOB | /       / |
|  | Children’s DOB | /       / |
| Resided interstate and/or NZ: | YES  NO  If yes, please complete the ‘**Interstate CP information request’** & ‘**Consent to Share Information’** forms | | |
| Email Address |  | | |
| **Household Member Four** | | | |
| Full Name  (first middle and last) |  | Previous Name/s and Alias\es |  |
| Date of Birth | /       / | Relationship to Applicant 1 |  |
| Gender | Male  Female  Other: | Relationship to Applicant 2 |  |
| Children/s Name/s: *(If applicable)* *Please insert rows or attach separate document if more than 2 children* |  | Children’s DOB | /       / |
|  | Children’s DOB | /       / |
| Resided interstate and/or NZ: | YES  NO  If yes, please complete the ‘**Interstate CP information request’** & ‘**Consent to Share Information’** forms | | |
| Email Address |  | | |
| **Household Member Five** | | | |
| Full Name  (first middle and last) |  | Previous Name/s and Alias\es |  |
| Date of Birth | /       / | Relationship to Applicant 1 |  |
| Gender | Male  Female  Other: | Relationship to Applicant 2 |  |
| Children/s Name/s: *(If applicable)* *Please insert rows or attach separate document if more than 2 children* |  | Children’s DOB | /       / |
|  | Children’s DOB | /       / |
| Resided interstate and/or NZ: | YES  NO  If yes, please complete the ‘**Interstate CP information request’** & ‘**Consent to Share Information’** forms | | |
| Email Address |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **REGULAR GUESTS**  ***List any people over 18 years of age who are:***   * ***Regular visitors to your home and would have the opportunity for unsupervised contact with a child or young person placed in your care*** * ***Likely to provide regular baby sitting or transport for a child or young person placed in your care***   ***Email addresses are required in order to process Working with Children Check screening checks*** | | | |
| **Regular Guest One** | | | |
| Full Name  (first middle and last) |  | Previous Name/s and Alias\es |  |
| Date of Birth | /       / | Relationship to Applicant 1 |  |
| Gender | Male  Female  Other: | Relationship to Applicant 2 |  |
| Children/s Name/s: *(If applicable)* *Please insert rows or attach separate document if more than 2 children* |  | Children’s DOB | /       / |
|  | Children’s DOB | /       / |
| Resided interstate and/or NZ: | YES  NO  If yes, please complete the ‘**Interstate CP information request’** & ‘**Consent to Share Information’** forms | | |
| Residential Address |  | | |
| Email Address |  | | |
| Regular Guest Two | | | |
| Full Name  (first middle and last) |  | Previous Name/s and Alias\es |  |
| Date of Birth | /       / | Relationship to Applicant 1 |  |
| Gender | Male  Female  Other: | Relationship to Applicant 2 |  |
| Children/s Name/s: *(If applicable)* *Please insert rows or attach separate document if more than 2 children* |  | Children’s DOB | /       / |
|  | Children’s DOB | /       / |
| Resided interstate and/or NZ: | YES  NO  If yes, please complete the ‘**Interstate CP information request’** & ‘**Consent to Share Information’** forms | | |
| Residential Address |  | | |
| Email Address |  | | |
| **Regular Guest Three** | | | |
| Full Name  (first middle and last) |  | Previous Name/s and Alias\es |  |
| Date of Birth | /       / | Relationship to Applicant 1 |  |
| Gender | Male  Female  Other: | Relationship to Applicant 2 |  |
| Children/s Name/s: *(If applicable)* *Please insert rows or attach separate document if more than 2 children* |  | Children’s DOB | /       / |
|  | Children’s DOB | /       / |
| Resided interstate and/or NZ: | YES  NO  If yes, please complete the ‘**Interstate CP information request’** & ‘**Consent to Share Information’** forms | | |
| Residential Address |  | | |
| Email Address |  | | |
| **Regular Guest Four** | | | |
| Full Name  (first middle and last) |  | Previous Name/s and Alias\es |  |
| Date of Birth | /       / | Relationship to Applicant 1 |  |
| Gender | Male  Female  Other: | Relationship to Applicant 2 |  |
| Children/s Name/s: *(If applicable)* *Please insert rows or attach separate document if more than 2 children* |  | Children’s DOB | /       / |
|  | Children’s DOB | /       / |
| Resided interstate and/or NZ: | YES  NO  If yes, please complete the ‘**Interstate CP information request’** & ‘**Consent to Share Information’** forms | | |
| Residential Address |  | | |
| Email Address |  | | |
| **Regular Guest Five** | | | |
| Full Name  (first middle and last) |  | Previous Name/s and Alias\es |  |
| Date of Birth | /       / | Relationship to Applicant 1 |  |
| Gender | Male  Female  Other: | Relationship to Applicant 2 |  |
| Children/s Name/s: *(If applicable)* *Please insert rows or attach separate document if more than 2 children* |  | Children’s DOB | /       / |
|  | Children’s DOB | /       / |
| Resided interstate and/or NZ: | YES  NO  If yes, please complete the ‘**Interstate CP information request’** & ‘**Consent to Share Information’** forms | | |
| Residential Address |  | | |
| Email Address |  | | |

|  |
| --- |
| ***ADDITIONAL QUESTIONS FOR APPLICANTS*** |
| **Have you or any member of your household previously cared for any other children, not listed above?** |
| YES  NO | If yes, provide the full names and DOB of the children |
|  |
| **Have you or any member of your household previously been an approved carer, or applied to be a carer with DCP or any other agencies, including agencies in another Australian State or Territory?** |
| YES  NO | If yes, provide the names of the person(s) and agency they were approved/applied with |
|  |
| **Are you or any member of your household currently or previously employed by the Department for Child Protection (SA) in a paid or volunteer capacity?** |
| YES  NO | If yes, provide details |
|  |
| **Have you or any member of your household had any previous involvement with child protection authorities in SA or in any other Australian State or Territory?** |
| YES  NO | If yes, provide details |
|  |

**Part 2 – Complete for SCO and Kinship Carer Applicants**

|  |  |  |  |
| --- | --- | --- | --- |
| **CHILD/REN AND/OR YOUNG PERSON/S REQUIRING PLACEMENT** | | | |
| **Child One** | | | |
| Full Name |  | Date of Birth |  |
| Gender | Male  Female  Other: | Relationship to applicant/s |  |
| Culture |  | Placed prior to assessment | Yes  No |
| Aboriginal/Torres Strait Islander | Yes  No  Unknown | Placement start date (actual or proposed) | /       / |
| DCP Worker Name |  | DCP Office |  |
| **Child Two** | | | |
| Full Name |  | Date of Birth |  |
| Gender | Male  Female  Other: | Relationship to applicant/s |  |
| Culture |  | Placed prior to assessment | Yes  No |
| Aboriginal/Torres Strait Islander | Yes  No  Unknown | Placement start date (actual or proposed) | /       / |
| DCP Worker Name |  | DCP Office |  |
| **Child Three** | | | |
| Full Name |  | Date of Birth |  |
| Gender | Male  Female  Other: | Relationship to applicant/s |  |
| Culture |  | Placed prior to assessment | Yes  No |
| Aboriginal/Torres Strait Islander | Yes  No  Unknown | Placement start date (actual or proposed) | /       / |
| DCP Worker Name |  | DCP Office |  |
| **Child Four** | | | |
| Full Name |  | Date of Birth |  |
| Gender | Male  Female  Other: | Relationship to applicant/s |  |
| Culture |  | Placed prior to assessment | Yes  No |
| Aboriginal/Torres Strait Islander | Yes  No  Unknown | Placement start date (actual or proposed) | /       / |
| DCP Worker Name |  | DCP Office |  |