**Carer Approval and Review Unit**

## Carer Cancellation Form

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| **AGENCY:** |  | **DATE OF REQUEST:** |       /       /       |
| **CARER NAME:** |  | **CARER NAME:** |  |
| **HOUSEHOLD ADDRESS:** |       |

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| **REASON FOR CANCELLATION** |
| [ ]  | Age of carer | [ ]  | Approved for a child who’s left/turned 18 | [ ]  | Care concern |
| [ ]  | Carer competency not met | [ ]  | Change in circumstance | [ ]  | Change in work/study commitments |
| [ ]  | Child reunited with birth family | [ ]  | Death in household | [ ]  | Dissatisfaction with Agency/program |
| [ ]  | Employed by DCP/service provider | [ ]  | Health issues of carer or relative | [ ]  | Household member not suitable |
| [ ]  | Household relocation interstate | [ ]  | Household relocation in SA | [ ]  | New partner not suitable/not willing to proceed |
| [ ]  | Transfer of Guardianship | [ ]  | Relationship/marital issues | [ ]  | Unable to Locate |
| [ ]  Other - Please specify:       |

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| **CANCELLATION REQUEST RATIONALE** |
| **Please outline the reasons for the requested carer approval cancellation:**  |
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| **CARER CONSENT** |
| **The cancellation has been initiated by:** | [ ]  the carer/s [ ]  the support agency |
| **The carer/s are aware of, and consent to the support agency’s request to cancel their carer approval:** | [ ]  YES [ ]  NO |
| **Please detail the agency’s correspondence with the carer/s regarding the cancellation request:** *Please attach any correspondence or documentation**relevant to the carer/s knowledge and/or consent regarding the cancellation request.*  |
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| **EXIT INTERVIEW AND SURVEY****Effective exit processes are a core responsibility of all services. The online carer exit interview is a sector initiative to provide consistent information to inform carer retention strategies.**  |
| The carer was offered an exit interview[ ]  YES [ ]  NO Date:The carer declined to participate in an exit interview [ ]  YES [ ]  NO Date:The carer was provided with the exit survey[ ]  YES [ ]  NO Date: If no please advise why? |
| **Please outline any information provided by the carer/s relevant to their exit from the support agency:** |
| **Carer exitsurvey**NGO services can support carers to complete the exit survey or carers can choose to compete without assistance. Completed exit surveys are to be sent to [DCPCPDCentralBusinessUnit@sa.gov.au](file:///C%3A%5CUsers%5Cwkxbez%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5C8QXT1ACS%5CDCPCPDCentralBusinessUnit%40sa.gov.au) . By using a standardised survey across all agencies, we can collate and learn from the experiences of our carers to improve and inform our future carer recruitment and retention strategies.* [Exit survey – online version](https://www.surveymonkey.com/r/SACarerExitSurvey)
* [Exit survey – hard copy version (Word 113KB)](http://www.dcpstepbystep.sa.gov.au/sites/default/files/Carer%20Exit%20Survey%20FINAL.docx)
* [Exit interview information sheet for carers (Word 28KB)](http://www.dcpstepbystep.sa.gov.au/sites/default/files/Carer%20exit%20inverview%20-%20carer%20document%20FINAL%20.doc)
* [Exit interview process for carer support agencies (Word 92KB)](http://www.dcpstepbystep.sa.gov.au/sites/default/files/carer-exit-survey-process.docx)
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| **SUPPORT AGENCY DETAILS** |
| **Worker Name:** |       | **Signature:** |  | **Date:** |       /       /       |
| **Manager Name:** |       | **Signature:** |  | **Date:** |       /       /       |

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| Please forward this form, including any additional documentation, to the Carer Approval and Review Unit (CARU) general email inbox, DCPCarerRegistrationGeneral@sa.gov.au. Once received, CARU will send a letter directly to the carer/s (with a copy provided the support agency) advising that, if no further advice is received, their carer approval will be cancelled in 28 days. For any queries regarding the cancellation process, please contact CARU on 1800 065 246 or via the aforementioned general email inbox. |