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# Psychological assessment process approval application – licensed residential care provider

Submit completed application form and relevant attachments to:

### Psychological Assessments Team

Phone: 8124 4133
Email: DCPPsychologicalAssessments@sa.gov.au

**Psychological Assessment Process Application Form**

**Privacy disclaimer** – Collection of the information provided in this form and any attachments is authorised under the *Children & Young People (Safety) Act 2017* and is being used for applying to the Department for Child Protection for the purpose of approval of your organisation’s psychological assessment approach. The Department for Child Protection will endeavour to maintain confidentiality of information relating to this application form. However, details of your application form and attachments may be disclosed as required or authorised by law and for the evaluation of your application.

|  |  |
| --- | --- |
| This application is to: |  |
| 1. Apply for approval of psychological assessment process and provider
 | [ ]  |
| 1. Gain endorsement of change of details of current approved provider
 | [ ]  |
| 1. Gain approval for changes to your approved psychological assessment process
 | [ ]  |
| 1. Re-apply for approval (maximum 3 year renewal period)
 | [ ]  |

**PSYCHOLOGICAL ASSESSMENT PROCESS**

***Note: Terminology***

In this context the following terminology applies:

Employee – a person employed (as defined in the *Children and Young People Safety Act 2017*) in a residential care facility and providing services to children and young people.

Candidate – an external, or internal applicant (including volunteers) applying to work within a residential care facility providing services for children and young people.

The purpose of this psychological assessment process is to:

1. explore potential risk factors and mitigating factors for candidates applying to work with vulnerable children and young people
2. enable a determination of Suitable or Unsuitable in relation to each person’s suitability for safeguarding children and young people.

**GENERAL INFORMATION**

1. **REQUIREMENTS**

Employing organisation to ensure that:

* All candidates for employment provide, at or before point of psychometric assessment, details of their Department of Human Services clearance for working with children, or evidence of their application for a clearance.
* All candidates’ photo identification is positively vetted prior to referral for the psychological assessment process.
* All candidates are provided with an Information & Acknowledgement form a minimum of three (3) business days prior to commencing the psychological assessment process.
* All candidates complete, sign and return an Information & Acknowledgement form prior to commencing the psychological assessment process (example Appendix A).
* All candidates complete, sign and return a Declaration of Names form prior to commencing the psychological assessment process (example Appendix B).
* The assessing service provider is provided with a copy of the candidates’ signed Information & Acknowledgement form and Declaration of Names form upon referral.
* The Department for Child Protection is provided with a copy of the candidates’ signed Information and Acknowledgement form and Declaration of Names form at time of notification of outcome.
1. **ADDITIONAL INFORMATION**
2. The approval once given will remain current for a period of not more than three (3) years, at the Chief Executive’s discretion, from date of approval, unless otherwise notified in writing by the Department for Child Protection.
3. Each organisation will be required to submit a re-application for approval at least two (2) months prior to expiry date of the existing approval.
4. Details of any changes to the psychological assessment service provider and/or processes subject to this approval will need to be provided to the Department for Child Protection, in writing, for formal review and approval. Failure to notify of changes may result in the revoking of approval.
5. The Department for Child Protection reserves the right to make changes to the minimum standards required for approval at any time. If such changes are to be implemented, the Department for Child Protection will provide, in writing, an outline of the changes and notification of any grace period for compliance with the required changes.
6. The Department for Child Protection – Psychological Assessments Team – can provide assistance in the preparation of this application as required.
7. The Department for Child Protection **must be provided** with the full name, previous names (if known) date of birth and gender of all candidates and employees prior to referral for psychological assessment to enable checking of the DCP centralised database for any previous assessment results.
8. The Department for Child Protection **must be notified** of all ‘Unsuitable’ psychological assessment outcomes **within two (2) business days from date of receipt**. Notification to be forwarded to the Psychological Assessments Team at: DCPPsychologicalAssessments@sa.gov.au
9. The Department for Child Protection **must be notified** of all ‘Suitable’ psychological assessment outcomes **within five (5) business days from date of receipt**. Notification to be forwarded to the Psychological Assessments Team at: DCPPsychologicalAssessments@sa.gov.au
10. All notifications of assessment outcomes must include the following information:
	* Name/s and previous name/s of the candidate assessed
	* Date of birth of the candidate assessed
	* Gender of the candidate assessed
	* Dates relevant to the psychological assessment process (psychometric assessment, one-to-one interview, date of determination)
	* Details of the assessing service provider and name of assessing psychologist
	* The outcome of the psychological assessment process (Suitable or Unsuitable)
	* A copy of the candidates signed Information & Acknowledgment form
	* A copy of the candidates signed Declaration of Names form.

An email template will be provided to you.

Where the psychometric assessment process is completed, and the interview not undertaken due to candidate withdrawal, as much information as is available must be provided to the DCP Psychological Assessments Team eg. name/s, date of birth, date of psychometric assessment, signed Information & Acknowledgment form etc. for recording in the DCP centralised database.

**PART A: APPLICANT ORGANISATION DETAILS:**

|  |  |  |
| --- | --- | --- |
| **Name of entity (relevant infrastructure owner):** | **ABN:** | **ACN:** |
|  |  |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

|  |
| --- |
| **Brief description of the services provided:** |
|  |
| Click or tap here to enter text. |

|  |
| --- |
| **Registered Business Address:** |
|  |
| Click or tap here to enter text. |

|  |
| --- |
| **Mailing Address:** (if different to above) |
|  |
| Click or tap here to enter text. |

|  |
| --- |
| **Location/s of Office/s or Premises and contact person/s details for each location:** |
|  |
| Click or tap here to enter text. |

|  |
| --- |
| **Primary Contact:** |
|  |
| Name: | Position: |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Phone: | Mobile: |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Email: |
| Click or tap here to enter text. |

**PART B: PSYCHOLOGICAL ASSESSMENT SERVICE PROVIDER DETAILS**

Please provide the following information relating to your provider/s of psychological assessment services.

Only psychological assessment service providers approved by the Department for Child Protection are eligible to provide this psychological assessment process. Each approved service provider is issued a Psychological Assessment Approval Number (PAAN).

**PROVIDER 1**

|  |  |  |
| --- | --- | --- |
| **Name of entity (relevant infrastructure owner):** | **ABN:** | **ACN:** |
|  |  |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

|  |
| --- |
| **Registered Business Address:** |
|  |
| Click or tap here to enter text. |

|  |
| --- |
| **Location/s of Office/s or Premises:** |
|  |
| Click or tap here to enter text. |

|  |
| --- |
| **Contact Person:** |
|  |
| Name: | Position: |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Phone: | Mobile: |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Email: |
| Click or tap here to enter text. |

|  |
| --- |
| Service provider, Click or tap here to enter text. , is an approved (by the Department for Child Protection) provider of psychological assessment services. |
| [ ]  **YES -** | Please provide the service provider’s Psychological Assessment Approval Number (PAAN) below**Psychological Assessment Approval Number (PAAN):** Click or tap here to enter text. |
| [ ]  **NO -** | Please have the service provider complete the Psychological assessment service providers application for approval form, for inclusion with this application. |

**PROVIDER 2**

|  |  |  |
| --- | --- | --- |
| **Name of entity (relevant infrastructure owner):** | **ABN:** | **ACN:** |
|  |  |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

|  |
| --- |
| **Registered Business Address:** |
|  |
| Click or tap here to enter text. |

|  |
| --- |
| **Location/s of Office/s or Premises:** |
|  |
| Click or tap here to enter text. |

|  |
| --- |
| **Contact Person:** |
|  |
| Name: | Position: |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Phone: | Mobile: |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Email: |
| Click or tap here to enter text. |

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| --- |
| Service provider, Click or tap here to enter text. , is an approved (by the Department for Child Protection) provider of psychological assessment services. |
| [ ]  **YES -** | Please provide the service provider’s Psychological Assessment Approval Number (PAAN) below**Psychological Assessment Approval Number (PAAN):** Click or tap here to enter text. |
| [ ]  **NO -** | Please have the service provider complete the Psychological assessment service providers application for approval form, for inclusion with this application. |

**DOCUMENTATON REQUIRED FOR APPLICATION SUBMISSION**

[ ]  Completed approval application form

[ ]  Service Provider/s Psychological Assessment Approval Number (PAAN), **or**, a completed Psychological assessment service providers application for approval form

[ ]  Proposed Information and Acknowledgement Form (refer to Appendix A for example)

[ ]  Proposed Declaration of Names form (refer to Appendix B for example)

**APPENDIX A - Example**

**Information and Acknowledgement for Psychological Assessment**

***THIS FORM MUST BE SIGNED TO PROCEED WITH A PSYCHOLOGICAL ASSESSMENT***

|  |  |
| --- | --- |
| Surname: |  |
| Previous surname/s: |  |
| Given Name/s: |  |
| Birth date: |  / /  | Gender: Male / Female / Unspecified  |
| Email address: |  |

1. I acknowledge that I received this form a minimum of three (3) business days prior to undertaking this psychological assessment process.
2. I understand that a psychological assessment is required under sections 107 and 110A of the *Children and Young People (Safety) Act 2017* in respect to persons employed in, or seeking to be employed in, a children’s residential facility established and operated by the Department for Child Protection, or licensed by the Department for Child Protection.
3. I understand that the psychological assessment process includes formal questionnaires and an intensive interview with a psychologist, and may include information about problem solving ability, style of working, mental health and potentially sensitive aspects of my personal history.
4. I understand that my answers to questions will form a part of the process to inform my psychological suitability to be employed within a children’s residential facility, including volunteer positions.
5. I understand that my refusal to participate in the psychological assessment process, or an assessment outcome indicating that I am psychologically unsuitable, may render me ineligible for employment within any children’s residential facility established and operated by the Department for Child Protection, or licensed by the Department for Child Protection.
6. Section 164(1) of the *Children and Young People (Safety) Act 2017* authorises the disclosure of personal information in connection with the administration or enforcement of the *Children and Young People (Safety) Act 2017* or any other Act and authorises the disclosure of personal information to another State agency for the proper performance of its functions.
	* I understand that the Department for Child Protection may share my assessment outcome with authorised organisations in connection with any employment (including volunteer positions), or application for employment, in connection with the *Children and Young People (Safety) Act 2017.*
	* I understand that the Department for Child Protection may share my assessment outcome with the Department for Human Services Screening Unit (DHS) for the purposes of DHS undertaking screening checks including, but not limited to, Working with Children Checks, disability services employment checks, NDIS worker checks, aged care sector checks and vulnerable person-related employment checks.
	* I understand that in the event that the Department for Child Protection is required to share my assessment outcome with authorised organisations, the following specific personal information regarding the psychological assessment process may be shared:
		+ Name/s and previous name/s
		+ Date of birth
		+ Gender
		+ Dates relevant to the assessment
		+ Details of the organisation and personnel conducting the assessment
		+ The outcome of the assessment process
		+ A copy of this form
7. As required by ethical and legal guidelines, the data and results of this psychological assessment process will remain secure and confidential. Exceptions to this include:
	* The sharing of my assessment outcome in accordance with above
	* Where disclosure is authorised by law
	* Where required for the purpose of auditing psychological assessments
8. In the event that the psychological assessment process identifies a significant imminent risk of harm to self and / or others, appropriate follow up will be initiated by the assessing psychologist.
9. I understand and accept that I will be advised of the outcome from my assessment process.
10. I understand and accept that I will not receive feedback about the outcome of my psychological assessment process.
11. I understand and accept that I will not receive a copy of the assessment report, as prepared by the assessing psychologist.
12. I acknowledge that non-identifiable, aggregated information relating to data for research purposes may be collected and utilised for the purpose of future workforce planning.

By signing below, I acknowledge that I have read and taken appropriate steps to understand the contents of this document.

Signature: Date:

**APPENDIX B - Example**

**Psychological Assessment**

**Declaration of current, previous and alias names**

**Current name**

My current name as per my Driver’s Licence (or other photo ID) is:

|  |  |
| --- | --- |
| First name/s: |  |
| Middle name/s: |  |
| Last name/s: |  |
| My preferred name or nickname is: |  |

**Aliases and Previous names**

I am or have been known by the following names or aliases:

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

I declare the above information to be accurate and complete.

|  |  |  |
| --- | --- | --- |
| Name: |  |  |
| Signature: |  | Date: |  |