# **Application to the Chief Executive to seek a Long-term Guardianship (Specified Person) order**

*Use this form to apply to the Chief Executive to become the guardian of a child or young person who has been in your care for at least two years. Please complete all sections of the form and email it to* [*longtermguardianship@sa.gov.au*](mailto:longtermguardianship@sa.gov.au) *or submit it to the DCP office responsible for the case management of the child or young person in your care.*

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| **CHILD OR YOUNG PERSON DETAILS** | | | |
| Full name |  | Gender | Female  Male  Self-described:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of Birth | /       / | Age |  |
| DCP case worker/supervisor |  | DCP office |  |
| Period of time child/young person has been in your care |  | Type of order currently in place |  |

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| **CARER 1 DETAILS** | | | | |
| Full name |  | Gender | | Female  Male  Self-described:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of Birth | /       / | Age | |  |
| Cultural background |  | | | |
| Street address |  | | | |
| Contact numbers | (H) | | (M) | |
| Care type | Kinship  Foster Care  Specific child only | | | |

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| **CARER 2 DETAILS *(Leave blank if not applicable)*** | | | | |
| Full name |  | Gender | | Female  Male  Self-described:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of Birth | /       / | Age | |  |
| Cultural background |  | | | |
| Street address |  | | | |
| Contact numbers | (H) | | (M) | |
| Care type | Kinship  Foster Care  Specific child only | | | |
| **REASONS FOR APPLICATION** | | | | |
| *State briefly the reasons why you are interested in pursuing long-term guardianship. Please only provide brief details, including any request you have made previously. You will be invited to attend a meeting to assess if your application should proceed to Phase 2.* | | | | |
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| **YOUR PLANS FOR THE CHILD OR YOUNG PERSON** |
| *State briefly your perspective around family contact and any existing or future arrangements you are willing to make to allow the child or young person to maintain contact with the birth family and if applicable, their culture and community of origin. Provide brief details of your current and future support networks you will use to cover your child or young person’s needs if long-term guardianship is granted.* |
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| **PHASE 1 ASSESSMENT CRITERIA** | |
| **Applications will not proceed to Phase 2 unless applicants have met the Phase 1 assessment criteria. Please discuss these requirements with your child’s DCP case worker before completing this form and ensure you receive all relevant information about what long-term guardianship will mean for the child or young person in your care, you and your family.** | |
| **General criteria** | |
| The carer, child or young person (if appropriate) and birth family have been informed about the long-term guardianship assessment process, rights and responsibilities of the long-term guardians, support available post long-term guardianship.  *Note: The DCP case worker is responsible for informing the child or young person’s birth family.* | |
| The carer has expressed their interest in pursuing long-term guardianship. | |
| **The child or young person** | |
| The child or young person has been under the care of the prospective guardian for at least two years**.**  *Note: Where multiple biological siblings live in the same placement, DCP case workers should consider if long-term guardianship is viable and whether a Chief Executive exemption should be sought to enable long-term guardianship to be pursued for all children and young people at the same time).* | |
| A close, positive, preferential relationship has been observed between the carer and the child or young person. | |
| The child or young person’s views in relation to their carer becoming their guardian have been sought (where age appropriate) and they have stated they would like their carer to be their guardian. | |
| The child or young person has a current annual review report. | |
| The child or young person has a current case plan. | |
| A child survey completed in the last 12 months. | |
| The child or young person’s cultural identity has been explored and affirmed | |
| **The carer/s** | |
| The carer is an approved carer and has a current Working With Children Check. | |
| There are no substantiated serious care concerns or significant patterns of substantiated moderate care concerns recorded against the carer in relation to their care of any child, during the last two years. | |
| The carer has demonstrated their commitment to care for the child or young person on a permanent basis. | |
| The carer has demonstrated and is willing to support and allow the child or young person to maintain their connection with the birth family into the future (face to face, phone, email or any other means) where safe and appropriate to do so. | |
| The carer has demonstrated their willingness and ability to support and maintain the child or young person’s connection with their culture of origin and the development of their individual cultural identities through participation in traditional cultural practices (where applicable and safe to do so). | |
| If a long-term guardianship order is granted, it is anticipated that the carer will be able to continue to manage the day to day needs for the child or young person and no case management will be required from the Department for Child Protection. | |
| The carer agrees to complete relevant health checks prior to attending the Phase 1 Assessment meeting. | |

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| **CARER Declaration** | | | |
| ***I am applying to the Chief Executive of DCP, to become the Guardian of the child or young person in my care.***  ***I have read and understand the Long-term Guardianship (Specified Person) brochure and the Long-term Guardianship (Specified Person) Phase 1 Assessment criteria set out in this application form.*** | | | |
| Carer (1) name |  | Carer (2) name |  |
| Signature |  | Signature |  |
| Date | /       / | Date | /       / |

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| *Once completed, please email this form to longtermguardianship@sa.gov.au or submit it to the DCP office responsible for the case management of the child or young person in your care. As part of the screening and assessment process, you will be required to undergo medical checks. Please discuss with your DCP case worker for further detail.*  *Where applicable, one form is to be completed for each child or young person. Keep a copy of this form for your own records.*  *Your application will be reviewed and a response in writing will be sent to you within the next four weeks of receipt of this document.*  *Please note that an application to the Chief Executive* ***DOES NOT*** *guarantee that an application for long-term guardianship will be pursued.* |

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| **OFFICE USE ONLY** | |
| Received by (DCP case worker/supervisor name): |  |
| Signature |  |
| Date | /       / |
| COMMENTS | |
|  | |
| Future review date (where applicable) | /       / |