Application for a Child Safety and Personal History Screening Check

LCS Form 2

This form is to be completed by persons whose suitability may be investigated under Chapter 4, Part 2, Division 7 of the *Child Protection Act 1999;* and Part 4, Division 2 and Part 8 of the *Child Protection Regulation 2023.*

Note: The *Child Protection Regulation 2023* provides for the Department of Child Safety, Seniors and Disability Services (DCSSDS) to consider any relevant matter to help decide suitability. The department decides suitability of the nominee. The Licensee must consider relevant information provided by the department about Director(s), Manager(s) and persons performing risk-assessed roles for a licensed care service when deciding suitability.

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| Part 1: Organisation Information | | | |
| **Organisation name:**  ***(current registered name)*** |  | | |
| **Licence number:** | **OLL**       **If not licensed has the department invited the organisation to apply for a licence?**  **Yes** | | |
| **Organisation contact**  Note: this is to whom the notification of Child Safety and Personal History Screening outcome letter will be emailed. Contact person must be a person in the organisation, other than the applicant | | | |
| **Contact person:** |  | **Phone number:** |  |
| **Email address:** |  | | |

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| Part 2: Applicant Information | | | | | | |
| **Applicant’s role within organisation** (Please tick one) | | | | | | |
| **Nominee** | **Director** | | **Manager** | **Residential Care Worker** | **Other risk-assessed role** | |
| **Blue Card information** | | | | | | |
| **Do you have a current Blue / Exemption Card?** | | **Yes** | **Card number:** |  | **Expiry date:** |  |
|  | | **No**  Note: You will need to have a valid Blue / Exemption Card before commencing in the role however this is not required for this application to be submitted. | | | | |
| If you are applying to be a **Nominee** or **Director** and you **do not have** a current Blue Card or Exemption Card, please apply through Blue Card Services online portal or complete the ***LCS/B/E Form***. If you **have** a current Blue Card, please ensure that it is linked to the department. If it is not linked you should complete a ***Link to the Department for nominees & directors of a licensed care service*** *form.* | | | | | | |
| If you are a **Manager, Residential Care Worker or person performing a risk-assessed role** and you **do not have** a current Blue Card or Exemption Card, please apply through Blue Card Services online portal or complete the ***Blue Card Services Paid Employee or Job Seeker Blue Card Application or Renewal Form.*** Please ensure that the organisation has linked your card to the organisation through the online portal or has completed a ***Link a Person to your Organisation*** *form****.*** | | | | | | |

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| **Driver Licence information** | | | | | |
| **Do you have a current Driver Licence?** | **Yes** | **Driver Licence number:** | Include state/territory/country if not issued in Queensland. | **Expiry date:** |  |
| **No**  **Have you ever held a driver licence?**  **No**  **Yes**  **If yes, please provide as much detail as possible, e.g. state/territory/country of issue, period, reference/card/licence number** | | | | |

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| **Personal details** | | | | | | | | | | | | | |
| The personal details section of this form records personal details for data collection and use throughout the Child Safety and Personal History Screening process**. NB:** ***Record ‘N/A’ in all fields that do not apply to you***. | | | | | | | | | | | | | |
| **Date of Birth:** |  | | **City/town & state of birth:** |  | | | | **Country of birth:** | | |  | | |
| **Title:** |  | | **First name:** |  | | | | **Surname:** | | |  | | |
| **Second name/s:** | | |  | | | | | | | | | | |
| **Previous name/s:** | | |  | | | | | | | | | | |
| **Birth name:** | | |  | | | | | | | | | | |
| **Any other names you have been known by including nicknames:** | | |  | | | | | | | | | | |
| **Daytime telephone no:** | | |  | | | | **Mobile no:** | | |  | | | |
| **Postal address:** | |  | | | | **Suburb:** |  | | | | | **Postcode:** |  |
| **Home address:** | |  | | | | **Suburb:** |  | | | | | **Postcode:** |  |
| **Have you ever lived at any address other than your current address?** | | | **Yes (please complete Part 3)** | | | | | | | | | | |
| **No** | | | | | | | | | | |
| **Current spouse/partner’s full name:** | | |  | | | | | | | | | | |
| **Current spouse/partner’s previous names/alias:** | | |  | | | | | | | | | | |
| **Current spouse/partner’s date of birth:** | | |  | | **Current spouse/partner’s place of birth:** | | | |  | | | | |

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| Part 3: Address History - Please provide details of past addresses (including overseas and interstate)*If there is insufficient space, please attach details on a separate page.* | | | | |
| 1. Do not list your current address unless you have lived there for 10 years or more. 2. List the most recent address first, remembering to put the year(s) you lived at that address. 3. Provide at least 10 years of past addresses, include as much detail as possible. | | | | |
| **Street address** | **Town/suburb** | **State** | **Postcode** | **Dates of residence** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
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| Part 4: Children in Your Care*If there is insufficient space, please attach details on a separate page.* | | | |
| **Do you have any biological children and/or have/had any other children in your care?**  **Yes (please list below)  No (go to part 5)** | | | |
| 1. List all biological children (including all adult children) – regardless of whether or not they are currently in your care. 2. List any other children that are or have been in your care. 3. Include the nature of the relationship (e.g. biological child, foster and kinship care child, adopted child, step-child – including where there are/have been partial care arrangements in place). | | | |
| **Name of child** | **Child’s date of birth** | **Child’s place of birth** | **Nature of relationship** |
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| 2. |  |  |  |
| 3. |  |  |  |
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| Part 5: Privacy and Consent |
| **Privacy Notice:** |
| The Department of Child Safety, Seniors and Disability Services is undertaking Child Safety and Personal History Screening to assist in determining your suitability to be engaged in the provision of care services by licensed out-of-home care service providers.  This information is collected under the *Child Protection Act 1999* and the *Child Protection Regulation* *2023* and is usually given to the Queensland Police Service, Department of Transport and Main Roads and Blue Card Services.  In circumstances where an interstate or international child protection check is required, your personal information may be provided to the government agency responsible for child protection in other Australian States and Territories, New Zealand and International Social Service Australia.  Your personal information will be handled in accordance with the *Information Privacy Act 2009* (Qld). |

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| **Consent of Applicant** | | | |
| The *Child Protection Act 1999* provides for the Department of Child Safety, Seniors and Disability Services to obtain particular information to assist in deciding and monitoring the suitability of the Nominee, Director(s), Manager(s) and persons performing risk-assessed roles. The information obtained will relate to child protection history, domestic violence history and traffic history. | | | |
| The *Child Protection Regulation 2023*, *Part 8* provides further clarification of the definition of a “suitable person” by role. Please refer to this for full suitability criteria (see page 1). | | | |
| **Applicant to read and sign:**  I consent to the Department of Child Safety, Seniors and Disability Services and the Government Departments and Agencies designated in the above *Privacy Notice* to undertake child protection, domestic violence and traffic history checks. I have read and understand the *Privacy Notice* above and confirm that the information in the application is correct. | | | |
| **Name of applicant:** |  | | |
| **Signature of applicant:** |  | **Date signed:** |  |

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| Part 6: Proof of Identity | | |
| Documents from List 1 and List 2 to be sighted by Nominee/Director or an allocated member of staff.  NB: There must be at least two ID documents. One must have a signature on it, and one must be from List 1. | | |
| **List 1** (Please indicate which identification documents have been sighted by placing a tick in the box) | | |
| Current Driver Licence/Learner’s Permit/Proof of Age Card (with photo) | **Document Number:** | *(include state/territory if not QLD)* |
| Current Passport (with photo) | **Passport Number:** |  |
| Birth Certificate (or extract) | **Reference Number:** |  |
| Proof of Australian citizenship or permanent residency | **Reference Number:** |  |
| **List 2** (Please indicate which identification documents have been sighted by placing a tick in the box) | | |
| Current Pension Concession Card/Department of Veterans’ Affairs Entitlement Card/Senior’s Health Card/Health Care Card/ any other current financial entitlement card issued by Centrelink | | |
| Current credit card or account card from a bank/building society/credit union (with name and signature) | | |
| Current Positive Notice Blue Card (issued by Blue Card Services) | | |
| Current student identification card issued by a tertiary education institution or school (with photo and signature) | | |
| Current Qld Gaming Machine Licence | | |
| Current Qld Licence issued under the *Weapons Act 1990* | | |
| Current Medicare Card | | |
| Current Qld Crowd Controller/Private Investigator/Security Officer Licence | | |
| Passbook or account statement issued by a bank/building society/credit union dated in the last 6 months | | |
| Australian Taxation Assessment Notice dated in the last 6 months | | |

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| Part 7: Identification Documents Sighted and Verified | | | | | |
| I certify that I have sighted the original documents proving the applicant’s identity and checked the personal details on this form against the original documents as ticked on List 1 and List 2. | | | | | |
| **NB: For Directors, Managers and Risk-Assessed Roles** - ID documents to be verified by the Nominee, delegated staff person, Justice of the Peace (Qualified) or by a Commissioner for Declarations (CDec) | | | | | |
| **Full Name:** |  | **Position:** |  | | |
| **Signature:** |  | **Date Signed:** |  | | |
| **NB: For Nominee** - ID documents to be verified by the Regional Director or Investment and Partnerships Team members of the Department Child Safety, Seniors and Disability Services, or by a Justice of the Peace (Qualified) or by a Commissioner for Declarations (Dec). | | | | | |
| **Name:** |  | **Position:** |  | | |
| **Signature:** |  | **Date Signed:** |  | | |
| Part 8: Personal History Check of Applicant | | | | | | |
| Child Protection checks will be conducted in the first instance. However, the department may conduct domestic violence and traffic history checks where it is considered necessary to determine if a person is a suitable person under the *Child Protection Act 1999.*  Domestic and family violence history checks will include where a person was a respondent to a domestic violence order (protection order). NB: A respondent is the person against whom the domestic violence order is made.  Having a history does not necessarily preclude you being assessed as suitable. Applicants will be given an opportunity to discuss any history. | | | | | | |
| **Complete all sections below:** | | | | **Please tick one** | | |
| 1. Have you had any involvement with Queensland or interstate/international Child Protection Agencies?   If yes, please supply details: | | | | Yes | No | |
| 2. Do you have any traffic history information in Queensland, interstate or international? This includes vehicle offences involving liquor or other drugs, or dangerous operation of a vehicle.  If yes, please supply details: | | | | Yes | No | |
| 3. Have you ever been the respondent (see definition above) in a domestic and family violence matter in Queensland, interstate or internationally?  If yes, please supply details: | | | | Yes | No | |

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| **Where to Send Completed Form:** |
| **For Manager/s, residential care workers or other risk-assessed roles** email this completed document to [csu\_lcs\_process@cyjma.qld.gov.au](mailto:csu_lcs_process@cyjma.qld.gov.au) or **Post** to Central Screening Unit, Department of Child Safety, Seniors and Disability Services, Locked Bag 3405, Brisbane, Qld, 4001. |
| **For Directors** emailthis completed document(marked *“confidential”)* to [CS\_Licensing@cyjma.qld.gov.au](mailto:CS_Licensing@cyjma.qld.gov.au) or **Post** to Child Safety Licensing, Department of Child Safety, Seniors and Disability Services, Locked Bag 3405, Brisbane, Qld, 4001. |

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| ***The Child Protection Act 1999 – Schedule 3 defines a “suitable person” as described in the Child Protection Regulation 2023 – Part 8 Suitable Persons*** |
| **19**. **A person is a suitable person for managing a licensed care service if the person –**   1. does not pose a risk to the safety of a child to whom, under the Act, the licensee is providing care services; and 2. is able and willing to manage the licensed care service in a way that –    * 1. assists the licensee to ensure the provision of care meets the standards of care stated in the statement of standards; and      2. implements the methods mentioned in Section 126(f), of the Act; and 3. understands and is committed to the relevant principles.   **20**. **A person is a suitable person to be a director of an applicant for a licence or licensee if the person –**   * + 1. does not pose a risk to the safety of a child to whom, under the Act, the applicant is to provide, or the licensee is providing care services; and     2. is able and willing to manage the licensed care service, or ensure the licensed care service is managed, in a way that ensures the provision of care meets the standards of care stated in the statement of standards; and     3. understands and is committed to the relevant principles.   **21.** **A person is a suitable person to be the nominee for a licence if the person –**   1. does not pose a risk to the safety of a child to whom, under the Act, the licensee is providing care services; and 2. is able and willing to fulfil the responsibilities of the Nominee for the licence under Section 130(1) of the Act.   **22. A person is a suitable person to be a person performing a risk-assessed role for a licensed care service if the person does**  **not pose a risk to the safety of children.**  **27. In deciding if a person is a suitable person under this part, the chief executive or a court may also consider the following:**   1. the person’s employment history; 2. the person’s physical or mental health; 3. any other matter relevant to deciding whether the person is a suitable person under this part. |