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|  | **Privacy Notice**  The Department of Child Safety, Seniors, and Disability Services (Child Safety) is collecting personal information for the purpose of assessing the carer applicant for consideration to become an approved foster or kinship carer. The collection of this information is authorised by the *Child Protection Act 1999* and the Child Protection Regulation 2023.  Personal information collected will be treated in accordance with the *Information Privacy Act 2009.* | | | | |  |
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|  | APPLICANT CONSENT FOR DISCRETIONARY CHECKS | | | | | | | | | | |  |
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|  |  | | | | | |  |  | | | |  |
|  | I, | |  | | | | consent to Foster and Kinship care service staff, Child safety staff | | | | |  |
|  | or the appointed external assessor assessing my application to conduct the discretionary checks identified | | | | | | | | | | |  |
|  | below, and where required contact my nominated referees for the purpose of obtaining a referee check. | | | | | | | | | | |  |
|  |  | | | | | |  |  | | | |  |
|  | The following discretionary check/s are required: | | | | | | | | | | |  |
|  |  | | | | | |  |  | | | |  |
|  |  |  | |  | a GP Medical check | | | | | |  |  |
|  |  |  | |  | | | | | | | |  |
|  |  |  | |  | a referee check | | | | | |  |  |
|  |  |  | |  | | | | | | | |  |
|  |  |  | |  | information from an applicant’s employer about their employment history | | | | | |  |  |
|  |  |  | |  | | | | | | | |  |
|  |  |  | |  | information from other foster and kinship carer services, where an applicant was | | | | | |  |  |
|  |  |  | |  | previously approved as a carer either in Queensland or interstate | | | | | |  |  |
|  |  |  | |  | | | | | | | |  |
|  |  |  | |  | specialist medical reports or a health care plan | | | | | |  |  |
|  |  |  | |  | | | | | | | |  |
|  |  |  | |  | international child protection or criminal history checks, if an applicant or adult household | | | | | |  |  |
|  |  |  | |  | members haves previously lived overseas for 6 months or more | | | | | |  |  |
|  |  |  | |  | | | | | | | |  |
|  |  | | | | |  | | |  |  |  |  |
|  | Applicant’s signature: | | | | |  | | | Date: | Enter date |  |  |
|  |  | | | | |  |  |  |  |
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