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| **Office use only** |  | **ICMS ID Number:** |       |  |
|  |  |  |  |  |
| **Fact sheets** (*please tick fact sheets supplied)* |  | **Reference Name:** |       |  |
|  |  |  |  |  |
| Becoming a foster carer [ ]  | Foster care allowances [ ]  |  | **Date of Inquiry:** |       |  |
|  |  |  |  |
| Information for Indigenous communities [ ]  | Information for relative carers [ ]  |  | **Actioning Officer:** |       |  |
|  |  |  |
| Information for respite carers [ ]  | Legislative requirements for providing quality care [ ]  |  | **Preferred Times:** |
|  |  |  |
| Steps to becoming a foster carer [ ]  | Testimonies about foster care [ ]  |  | **Interviews:** |
|  |  |  |
| Other, *please specify* |       |  |  | Saturdays [ ]  |
|  |  |  |

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| --- | --- | --- |
| **Outcome of Initial Inquiry**  |  | Weeknights [ ]  |
| Home interview [ ]  | Further consideration [ ]  |  | During standard working hours [ ]  |
|  |  |  |
| Information session [ ]  | Not interested in progressing further [ ]  |  | **Information session:** |
| Referred elsewhere: |  |  | Saturdays [ ]  |
| Other Child Safety Service Centre [ ]  | Fostering Agency [ ]  |  | Weeknights [ ]  |
| Fostering Agency name |       |  |  | During standard working hours [ ]  |
| Other, *please specify* |       |  |  | **Training:** |

|  |  |  |
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|  |  |  |
| Initial Inquiry Assessment  |       |  |  | Saturdays [ ]  |
|  *Please comment* |       |  |  | Weeknights [ ]  |
| Appropriate/Not appropriate |       |  |  | During standard working hours [ ]  |
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| **Privacy notice** The Department of Child Safety, Seniors, and Disability Services (Child Safety) is collecting personal information on this form to assist with a preliminary assessment of your expression of interest in becoming approved foster carers. The *Child Protection Act 1999* requires that the Chief Executive be satisfied that an individual carer is a ‘suitable person’ before granting that individual approval to care for children and young people. A ‘suitable person’ is defined by the *Child Protection Regulation 2023* as a person who does not pose any risk to the child or young person and who is willing and able to care for the child or young person in a way that meets the standards of care outlined in the Statement of Standards. All information obtained in the assessment process is confidential and strict information storing procedures are followed. Some or all of the personal information may be given to fostering agencies that are funded by the department. |
| **1. Personal details** |  | **Pre-applicant 1** |  | **Pre-applicant 2**  |  |
| **Guidelines**The personal details section of this form records personal details for data collection and use throughout the application process. If more than two applicants wish to apply, please complete another form. | Title: |       | Sex: |       |  | Title: |       | Sex: |       |  |
|  |  |
|  | Given Name: |       |  |       |  |
|  |  |
|  | Middle Name/s: |       |  |       |  |
|  |  |
|  | Family Name: |       |  |       |  |

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| *Preferred Name*: e.g. given name is Catherine, but person prefers to be called Cathy. | Preferred Name: |       |  |       |  |
|  |  |
|  | Maiden Name: |       |  |       |  |

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| *Other names you have been known by*: e.g. any alias names, previous marital/partner’s names. | Other names you have been known by: |       |  |       |  |

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|  |  |
| *Address:*Record details of Building/Property name in Line 1 and street address in Line 2. If a separate postal address exists, record details on page 2. | Address: *Line 1:* |       |  |       | *Same as Pre-applicant 1:* [ ]  |  |
|  |  *Line 2:* |       |  |       |  |
|  | *Suburb/Town:* |       |  |       |  |
|  | *State/Territory:* |       | *Postcode:* |      |  |       | *Postcode:* |      |  |
|  | *Date at the address:* |       |  |       |  |

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|  |  |
| *Telephone:*Tick the box alongside the number which is considered the primary telephone number. | Telephone: *Home:* |       | *Primary:* [ ]  |  |       | *Primary:* [ ]  |  |
|  |  *Personal Mobile:* |       | *Primary:* [ ]  |  |       | *Primary:* [ ]  |  |
|  | *Work*: |       | *Primary:* [ ]  |  |       | *Primary:* [ ]  |  |
|  | *Work Mobile*: |       | *Primary:* [ ]  |  |       | *Primary:* [ ]  |  |
|  | *Work Fax*: |       |  |       |  |
|  |  |
|  | Email: |       |  |       |  |
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| **1. Personal details** *(continued)* | **Pre-applicant 1** |  | **Pre-applicant 2**  |  |
| **Guidelines***Marital Status:*Values for this field are:* Married
* Partnered
* Single.
 | Marital Status: |       |  |       |  |
|  | Length of Relationship: |       |  |       |  |
|  | Relationship to other pre-applicant: |       |  |       |  |
|  |  |
|  | Do you have child/ren living at home? Yes [ ]  No [ ]  | If so, what are the child/ren’s ages? |       |  |
|  |  |
|  | Date of Birth *(dd/mm/yyyy*): |       |  |       |  |  |
|  |  |
|  | Place/Country of Birth: |       |  |       |  |
|  |  |
|  | Resident of Australia: |       |  |       |  |

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| --- | --- |
| *Resident of Australia:*Values for this field are:* Permanent
* Temporary
* Non-resident.

*Ethnicity & Religion:*e.g. Ethnicity includes Australian South Sea Islander origin.Australian South Sea Islanders are Australian born descendents of predominantly Melanesian people who were brought to Queensland between 1863 and 1904. They come from around eighty Pacific islands but primarily from Vanuatu and the Solomon Islands. |  |
|  | Country of Citizenship: |       |  |       |  |
|  |  |  |  |  |  |
|  | Primary Language: |       | *Interpreter required* [ ]  |  |       | *Interpreter required* [ ]  |  |
|  |  |
|  | Ethnicity & Religion |
|  |  Ethnicity: |       |  |       |  |
|  |  |
|  |  Religion: |       |  |       |  |
|  |  |
|  |  Are you of Aboriginal or Torres Strait Islander  origin? No [ ]   Yes, Aboriginal [ ]   Yes, Torres Strait Islander [ ]   For persons of both Aboriginal and Torres Strait  Islander origin, tick both ‘Yes’ boxes. |  | Are you of Aboriginal or Torres Strait Islander origin? No [ ]   Yes, Aboriginal [ ]   Yes, Torres Strait Islander [ ]  For persons of both Aboriginal and Torres Strait Islander origin, tick both ‘Yes’ boxes. |  |

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|  |  |
|  | Postal Address *(if required)*: |  |  | *Same as Pre-applicant 1:* [ ]  |  |
|  |  *Line 1:* |       |  |       |  |
|  | *Suburb/Town:* |       |  |       |  |
|  | *State/Territory:* |       | *Postcode:* |      |  |       | *Postcode:* |      |  |
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| **2. Motivation** | **Pre-applicant 1** |  | **Pre-applicant 2** *(complete only if different from Pre-applicant 1)* |  |
| **Guidelines**Discuss with the pre-applicants the reasons behind their desire to foster.  | Have you previously enquired about becoming a foster carer in Queensland or interstate? |  | Have you previously enquired about becoming a foster carer in Queensland or interstate? |  |
|  Yes [ ]  No [ ]   |  Yes [ ]  No [ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Research indicates that fostering for: * personal and family needs
* to fill a gap
 | If yes, please supply details below: |  | If yes, please supply details below: |  |
| * to create a family, or
* to generate income

may convey potential risks for the child. |  |       |  |  |  |       |  |  |

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| --- | --- | --- | --- | --- |
| Discuss:* the strength of commitment from each pre-applicant
* the need for supportive relationships, and

the expectations for the child placed (may not be met). | How long have you been thinking about fostering? |  | How long have you been thinking about fostering? |  |
|  |  |       |  |  |  |       |  |  |

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| --- | --- | --- | --- | --- |
|  | What prompted you to contact today? |  | What prompted you to contact today? |  |
|  |  |       |  |  |  |       |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | How did you hear about foster care provision?Child Safety Service Centre [ ] Fostering agency [ ] Friend/family member [ ] Poster/Brochure [ ] Newspaper [ ] Newsletter [ ] Radio [ ] Television [ ] Other, *please specify* [ ]  |  | How did you hear about foster care provision?Child Safety Service Centre [ ] Fostering agency [ ] Friend/family member [ ] Poster/Brochure [ ] Newspaper [ ] Newsletter [ ] Radio [ ] Television [ ] Other, *please specify* [ ]  |  |
|  |  |       |  |  |  |       |  |  |
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| **2. Motivation** *(continued)* | **Pre-applicant 1** |  | **Pre-applicant 2** *(complete only if different from Pre-applicant 1)* |  |
| **Guidelines**Explain that children require a stable and supportive placement. Fostering may not be practical if other stresses are impacting on the family at this time. | Why are you interested in fostering? |  |   |  |
|  |  |       |  |  |  |       |  |  |
|  | Are you planning any significant changes in the near future?House renovations [ ] Change in job [ ] Study [ ] Travel [ ]  Having children/undergoing IVF [ ]  |  | Are you planning any significant changes in the near future?House renovations [ ] Change in job [ ] Study [ ] Travel [ ]  Having children/undergoing IVF [ ]  |  |
|  | Current commitment to study/work per week *(in hrs)* |       |  |  | Current commitment to study/work per week *(in hrs)* |       |  |  |
|  |  |  |  |  |  |  |  |  |

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| **3. Accommodation** | **Pre-applicant 1** |  | **Pre-applicant 2** *(complete only if different from Pre-applicant 1)* |  |
| **Guidelines**Do the pre-applicants consider they have physical space, e.g. study area, play area, for an extra child/ren? | Current accommodation:**House:** [ ] *(please specify)* Highset [ ]  Lowset [ ]  Other [ ] **Unit/Townhouse:** [ ] *(please specify)* Lift [ ]  Stairs only [ ] **Is the property:**Owned [ ] Rented [ ]  Public housing [ ]  Other [ ]  |  | Current accommodation:**House:** [ ] *(please specify)* Highset [ ]  Lowset [ ]  Other [ ] **Unit/Townhouse:** [ ] *(please specify)* Lift [ ]  Stairs only [ ] **Is the property:**Owned [ ] Rented [ ]  Public housing [ ]  Other [ ]  |  |
|  | Number of bedrooms: |       |  |  | Number of bedrooms: |       |  |  |
|  |  |  |  |  |
|  | Number of spare beds: |       |  |  | Number of spare beds: |       |  |  |
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| **4. Preferences**  | **Pre-applicant 1** |  | **Pre-applicant 2** *(complete only if different from Pre-applicant 1)* |  |
| **Guidelines**Explain: * the types of care and discuss the pre-applicants’ preferences and understanding of the different types e.g. age differences, respite etc.
* that providing care may have a large impact on family and friends, e.g. social activities.
* that adult family members living in the household will be required to provide consent for ‘suitability checks’ including child protection, criminal, domestic violence and relevant traffic histories.
* that pre-applicant/s should consider discussing their interest in fostering with an ex-spouse or partner when children from a previous relationship reside in or visit the household.
 | Do you have a preference for providing a particular care type? |  |  Do you have a preference for providing a particular care type? |  |
|  | Age: |       |  |  | Age: |       |  |  |
|  | Sex: |       |  |  | Sex: |       |  |  |
|  | Respite: |       |  |  | Respite: |       |  |  |
|  | Emergency: |       |  |  | Emergency: |       |  |  |
|  | Short term: |       |  |  | Short term: |       |  |  |
|  | Long term: |       |  |  | Long term: |       |  |  |
|  | Children with disabilities: |       |  |  | Children with disabilities: |       |  |  |
|  | Other comments: |       |  |  | Other comments: |       |  |  |
|  | Have you discussed fostering with significant others?Partner [ ] Children [ ] Adult children [ ] Family members [ ]  Ex-spouse/Partner [ ]  |  | Have you discussed fostering with significant others?Partner [ ] Children [ ] Adult children [ ] Family members [ ]  Ex-spouse/Partner [ ]  |  |

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| **5. Medical/Health** | **Pre-applicant 1** |  | **Pre-applicant 2** |  |
| **Guidelines**Advise pre-applicants to complete the Carer Applicant Health and Wellbeing Questionnaire.Explain that children require a stable and supportive placement. Fostering may not be practical if other stresses are impacting on the family at this time. For example, if the pre-applicant is undergoing fertility treatment or is a prospective adoptive parent, then they may wish to consider putting their fostering application on hold. | Have any medical or health problems been identified as per attached Health and Wellbeing Questionnaire? Yes [ ]  No [ ] Have you applied to become a prospective adoptive parent? Yes [ ]  No [ ] Are you an approved prospective adoptive parent waiting to adopt a child? Yes [ ]  No [ ]  |  | Have any medical or health problems been identified as per attached Health and Wellbeing Questionnaire? Yes [ ]  No [ ] Have you applied to become a prospective adoptive parent? Yes [ ]  No [ ] Are you an approved prospective adoptive parent waiting to adopt a child? Yes [ ]  No [ ]  |  |

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|  |  | If yes, please supply details below: |  |  |  | If yes, please supply details below: |  |  |
|  |  |       |  |  |  |       |  |  |
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| **6. Education, employment & skills** |  |
| GuidelinesKnowing the level of education may assist in determining the delivery of the assessment process (i.e. whether self-assessments are appropriate) as well as to enable matching of placements. | Pre-applicant 1 |  |
|  | Level of education: Primary [ ]  Secondary [ ]  Tertiary [ ]  |  |
|  | Employment status: Full-time [ ]  Part-time [ ]  Casual [ ]  N/A [ ]  |  |
|  | Current employer: |       |  |  |
|  | Employed since: *(dd/mm/yyyy)* |       |  |  |
| **N/A for employment status may include unemployed, not in paid employment and/or voluntary work.** | Occupation type: |       |  |  |

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|  | Hours of work: |       |  |  |
| Do you receive a pension? Yes [ ]  No [ ]  |
| Pension details: |       |  |
|  |  |

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| --- | --- | --- |
|  | If you have experience caring for young children through your employment, please give details: |  |
| Discuss with pre-applicant that fostering allowance is not subject to tax and is not cited as income for any purpose, including yearly tax returns, applications for Commonwealth benefits or when applying for loans from financial instittions. |  |       |  |  |
|  | If you have specialist skills working with children, e.g. children with disabilities, please give details: |  |
|  |  |       |  |  |
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| --- | --- |
| **6. Education, employment & skills** |  |
| GuidelinesKnowing the level of education may assist in determining the delivery of the assessment process (i.e. whether self-assessments are appropriate) as well as to enable matching of placements. | Pre-applicant 2 |  |
| Level of education: Primary [ ]  Secondary [ ]  Tertiary [ ]  |
| Employment status: Full-time [ ]  Part-time [ ]  Casual [ ]  N/A [ ]  |
| Current employer: |       |  |
| Employed since: *(dd/mm/yyyy)* |       |  |
| **N/A for employment status may include unemployed, not in paid employment and/or voluntary work.** | Occupation type: |       |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Hours of work: |       |  |  |
| Do you receive a pension? Yes [ ]  No [ ]  |
| Pension details: |       |  |
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| --- | --- | --- |
|  | If you have experience caring for young children through your employment, please give details: |  |
| Discuss with pre-applicant that fostering allowance is not subject to tax and is not cited as income for any purpose, including yearly tax returns, applications for Commonwealth benefits or when applying for loans from financial instittions. |  |       |  |  |
|  | If you have specialist skills working with children, e.g. children with disabilities, please give details: |  |
|  |  |       |  |  |
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| **7. Other household members** |
|  | Family Name | Given & Middle Name/s | Sex | Date of Birth | Relationship to Pre-applicant 1 | Relationship to Pre-applicant 2 |  |
|  |       |       |   |       |       |       |  |
|  |       |       |   |       |       |       |  |
|  |       |       |   |       |       |       |  |
|  |       |       |   |       |       |       |  |
|  |       |       |   |       |       |       |  |
|  |       |       |   |       |       |       |  |
|  |       |       |   |       |       |       |  |
|  |       |       |   |       |       |       |  |
|  |       |       |   |       |       |       |  |
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|  |       |       |   |       |       |       |  |

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| **8. Overall comments** |
|  |       |  |
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| **9. Suitability checks** | **Pre-applicant 1** |  |
| **Guidelines**Advise pre-applicant that suitability checks will be conducted on carer applicants as well as other adult members in the household.  | Have you had any involvement with the Department of Child Safety or any interstate/international child protection agencies? Yes [ ]  No [ ] If yes, please supply details below: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Checks include criminal, domestic violence, traffic and child protection.If a person is known to the department, discuss how, e.g. * in the Child Protection System
* as an employee in child related employment
* as a former carer
* other.
 |  |       |  |  |
|  | Do you have any criminal history information, including charges laid against you awaiting determination, in Queensland, interstate or internationally? Yes [ ]  No [ ]  If yes, please supply details below: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Advise pre-applicant that checks include **all** fines, charges, convictions, spent convictions (longer than ten years ago) and where a person was an aggrieved or respondent to a domestic violence order (protection order). |  |       |  |  |
|  | Do you have any traffic history information, including fines and/or charges laid against you awaiting determination, in Queensland, interstate or internationally? Yes [ ]  No [ ]  If yes, please supply details below: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Advise pre-applicant that having a history does not necessarily preclude someone from being a carer. Pre-applicant will be given an opportunity to discuss history. |  |       |  |  |

|  |  |  |
| --- | --- | --- |
| The aggrieved is the person for whose benefit the domestic violence order (protection order) is made and the respondent is the person against whom the domestic violence order is made. | Have you ever been the aggrieved or respondent *(see Guidelines for definition)* in a domestic and family violence matter, in Queensland, interstate or internationally? Yes [ ]  No [ ]  If yes, please supply details below: |  |
|  |  |       |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **9. Suitability checks** | **Pre-applicant 2** |  |
| **Guidelines**Advise pre-applicant that suitability checks will be conducted on carer applicants as well as other adult members in the household.  | Have you had any involvement with the Department of Child Safety or any interstate/international child protection agencies? Yes [ ]  No [ ] If yes, please supply details below: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Checks include criminal, domestic violence, traffic and child protection.If a person is known to the department, discuss how, e.g. * in the Child Protection System
* as an employee in child related employment
* as a former carer
* other.
 |  |       |  |  |
| Do you have any criminal history information, including charges laid against you awaiting determination, in Queensland, interstate or internationally? Yes [ ]  No [ ]  If yes, please supply details below: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Advise pre-applicant that checks include **all** fines, charges, convictions, spent convictions (longer than ten years ago) and where a person was an aggrieved or respondent to a domestic violence order (protection order). |  |       |  |  |
| Do you have any traffic history information, including fines and/or charges laid against you awaiting determination, in Queensland, interstate or internationally? Yes [ ]  No [ ]  If yes, please supply details below: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Advise pre-applicant that having a history does not necessarily preclude someone from being a carer. Pre-applicant will be given an opportunity to discuss history. |  |       |  |  |

|  |  |  |
| --- | --- | --- |
| The aggrieved is the person for whose benefit the domestic violence order (protection order) is made and the respondent is the person against whom the domestic violence order is made. | Have you ever been the aggrieved or respondent *(see Guidelines for definition)* in a domestic and family violence matter, in Queensland, interstate or internationally? Yes [ ]  No [ ]  If yes, please supply details below: |  |
|  |  |       |  |  |
|  |  |  |