

Disclosure Statement and Privacy Notice

The Department of Child Safety, Seniors, Disability Services (Child Safety) is collecting the personal information on this form for the purpose of assessing the carer applicant for consideration to become an approved foster or kinship carer or renew a foster carer or kinship carer certificate. The information is necessary for Child Safety to perform functions under sections 82, 122, 131, 132, 133, 134, 135, 136, 142, 143 of the *Child Protection Act 1999* and the Child Protection Regulation 2023 part 7.

Under the *Childrens Court Rules 2016* and the *Director of Child Protection Litigation Act 2016*, Child Safety is required to provide relevant information to the Director of Child Protection Litigation (DCPL) in relation to child protection proceedings and the DCPL has a duty to disclose documents relevant to the proceeding to each other party. Therefore, any information provided to Child Safety that may be relevant to current or future court proceedings may be provided to the parties, including the parents. This may include applications for future child protection orders for children already placed in the applicant's care as an approved kinship carer, such as long-term child protection orders.

Why is this form required?

The Department of Children, Youth Justice and Multicultural Affairs (Child Safety) is responsible for making sure that foster or kinship carer applicants are suitable persons to provide safe and appropriate care to children who are not able to live with their parent/s.

In applying to become a carer, applicants are required to complete a [Carer health and wellbeing questionnaire](#). As part of the application process Child Safety may request the applicant attend their GP or other treating medical practitioner, or we may request medical information from the applicants GP or other treating medical practitioner.

The purpose of a medical assessment is to understand how the person's physical or mental health may impact their capabilities in being able to meet a child's safety, wellbeing and belonging needs, the legislative requirements.

Applicant consent

The applicant has consented to additional health information being sought as part of the carer assessment process. Please refer to the signed *Carer applicant authority to release medical information form* and the completed *Carer health and wellbeing questionnaire*, which have been provided in conjunction with the letter from Child Safety.

Information privacy

The collection of this information is authorised by the *Child Protection Act 1999*. The Child Protection Regulation 2011 [section 26](#) provides the mandate to consider a person's physical and mental health in determining suitability as an approved carer.

All personal information will be treated in accordance with the *Information Privacy Act 2009*.

Medical Benefits Schedule

The Medicare Benefits Schedule book (March 2020) states that Ministerial directions have been issued to enable Medicare benefits to be payable for:

- (e) a medical examination for a person as a prerequisite of the person becoming eligible to foster a child or children [GN.13.13](#)

The information provided below is to be completed with existing patient records, no additional medical examinations or investigations required e.g., blood or urine tests, blood pressure tests, x-rays etc.

Applicant personal details

Mr Mrs Ms Miss

Family name:

Given name:

Middle name:

Date of birth:

Gender:

Address:

State:

Postcode:

GP or other treating medical specialist knowledge of carer applicant

How long have been the applicant's GP or other treating medical practitioner?

years

months

How would you describe the applicant's general health?

Excellent

Good

Fair

Poor

Taking into consideration the information provided by the applicant in the Carer health and wellbeing questionnaire, please answer the following questions to the best of your knowledge.

Physical and mental health

1. Considering the information provided in the *Carer health and wellbeing questionnaire*, is there anything further you can add in relation to the information provided regarding the applicants physical or mental health? *i.e., impacts of any known physical or mental health conditions that may affect the functional capacity of the carer applicant.*

Yes

No

If yes, please provide any comments below:

Lifestyle/other

2. Considering the information provided in the *Carer health and wellbeing questionnaire*, is there anything further you can add in relation to the information provided by the applicant in the Lifestyle or Other section? *i.e., impacts of lifestyle or other conditions that may affect the functional capacity of the carer applicant.*

Yes

No

If yes, please provide any comments below:

Confirmation of medical information

Information provided in this form by the GP or other treating medical practitioner will be considered by the delegated Child Safety Service Centre Manager as part of the carer applicants full assessment when determining the outcome of the carer's application.

Name:

Date:

GP or treating medical practitioner
signature:

Please provide your medical stamp: