**Privacy notice**

The Department of Child Safety, Seniors and Disability Services (Child Safety) is collecting the personal information on this form for the purpose of assessing your application to become an adult household member. This is authorised under the *Child Protection Act 1999* and the *Child Protection Regulation 2023*. Your personal information will be managed in accordance with the *Information Privacy Act 2009*.

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.

Child Safety may give some or all of this personal information to the Queensland Police Service, Blue Card Services and Queensland Transport. If an Aboriginal or Torres Strait Islander person is a household member, some or all of the personal information may be given to an Independent Aboriginal or Torres Strait Islander entity.

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 and to International Social Services Australia and the New Zealand Oranga Tamariki (Ministry of Children).

Your personal information will be managed in accordance with the *Information Privacy Act 2009* (Qld).

Guidelines

**All NEW adult household members must complete this form in any of the below circumstances:**

* **prior to a household member turning 18 years of age (a blue card application can be initiated at 17 years and 9 months);**
* **prior to joining an approved carer’s household;**

**Send the completed form to the Central Screening Unit the same day the application is signed.**

Household members aged 18 years and over must give signed consent and are advised that suitability checks will be conducted by Child Safety and include criminal history checks, domestic violence, traffic and child protection suitability checks. Domestic violence checks include where a person was an aggrieved or respondent to a domestic violence order (protection order). Criminal history checks include all fines, charges, convictions, spent convictions (longer than ten years ago). Household members aged under 18 years are not required to undergo criminal or domestic violence checks.

Child Protection checks will be undertaken to assist in the determination of suitability of adult household members. International criminal, child protection and traffic history checks will be conducted if the adult household member has lived overseas for more than six months.

New adult household members will be required to apply for a blue card or exemption card through Blue Card Services. If a household member already holds a blue card or exemption card, it will be required to be linked to Child Safety. The adult household member must:

* provide their existing blue card or exemption card number in this form OR
* provide their online account number in this form OR
* complete a paper-based Volunteer foster/kinship carer or adult member blue/exemption card application form.

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| **CARER DETAILS FOR ADULT HOUSEHOLD MEMBER** | | | | | | |
|  | | | | | | |
|  | EOI Number: | enter text. | Name of Carer 1: | | enter text. |  |
|  | | | | | | |
|  | CSU File No: | enter text. | Name of Carer 2: | | enter text. |  |
|  |  |  |  | |  |  |
|  | Relationship of household member to Carer 1: | | | enter text. | |  |
|  |  |  |  |  | |  |
|  | Relationship of household member to Carer 2: | | | enter text. | |  |
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| **NEW ADULT HOUSEHOLD MEMBER DETAILS** | | | | | | | | | | | | | | | | | | | |
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| **1** | Title: | | Mr  Mrs  Miss  Ms | | | | | | | | Other: | | | enter text. | | | |  |  |
|  | | | | | | | | | | | | | | | | | | | |
|  | First name: | | enter text. | | | | | | | Middle name/s: | | | | enter text. | | | |  |  |
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|  | Surname: | | enter text. | | | | | | | Birth name: | | | | enter text. | | | |  |  |
|  | | | | | | | | | | | | | | | | | | | |
|  | Gender: | | enter text. | | | | | | | Date of birth : | | | | enter date. | | | |  |  |
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|  | Phone number: | | | enter text. | | | | | | State of birth: | | | | enter text. | | | |  |  |
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|  | Other names known by: | | | | | | | | City of birth: | | | | | enter text. | | | |  |  |
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|  |  | enter text. enter text. | | | | | | | Country of birth: | | | | | enter text. | | | |  |  |
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|  | Current residential address: | | | | enter text. | | | | | | | State: | | | enter text. | | |  |  |
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|  |  | | | | enter text. | | | | | | | Post code: | | | enter text. | | |  |  |
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| **2** | Have you lived at the above address for more than 5 years? | | | | |  | | Yes | | ***If yes, go to the Blue Card section of this form.*** | | | | | | | | |  |
|  |  | | | | | | | | | | | | |  |
|  |  | | No | | ***If no, provide your address details for the last 5 years below:*** | | | | | | | | |  |
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|  | Where required, provide your addresses below: | | | | | | | | | | | | | | | | | |  |
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|  | Previous residential address 1: | | | | | | enter text. | | | | | | State: | | | enter text. |  | |  |
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|  |  | | | | | | enter text. | | | | | | Post code: | | | enter text. |  | |  |
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|  | Previous residential address 2: | | | | | | enter text. | | | | | | State: | | | enter text. |  | |  |
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|  |  | | | | | | enter text. | | | | | | Post code: | | | enter text. |  | |  |
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|  | Previous residential address 3: | | | | | | enter text. | | | | | | State: | | | enter text. |  | |  |
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|  |  | | | | | | enter text. | | | | | | Post code: | | | enter text. |  | |  |
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|  | Previous residential address 4: | | | | | | enter text. | | | | | | State: | | | enter text. |  | |  |
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|  |  | | | | | | enter text. | | | | | | Post code: | | | enter text. |  | |  |
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| **3** | Have you ever held a Queensland driver’s licence? | | | | | | | | | | | | | | | Yes | | | | No *(proceed to next question)* | | | | | | | | | |  |  |
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|  | *If yes, please provide your driver’s license number* | | | | | | | | | | | | | | | enter text. | | | | | | | | | | | *or* | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | your license number is unknown | | | | | | | | | | | |  | | |  |
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| **4** | Do you have a current Blue Card or Exemption card? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | | Yes | | | …identify card details | | | | | | Blue card | | | | | | | or | | | | Exemption card | | | | | |  | |  |
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|  |  | | | | Card number: | | | | | enter text. | | | |  | | | Expiry date: | | | | enter date. | | | | |  | | | | |  |
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|  |  | | | No | | | …complete either of the 2 options below | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 1. Register for an online account with Blue Card Services and provide your online account number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | Online account number: | | | | | | | enter text. | | | | | |  | | | | | | |  |
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|  | 1. Complete and attach a [Volunteer foster/kinship carer or adult member blue/exemption card application](https://www.dcssds.qld.gov.au/resources/dcsyw/foster-kinship-care/bcs-volunteer-foster-kinship-adult-exemption.pdf) form\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | *\*If you are submitting a paper based blue card application you will be required to provide a certified copy of your ID or TMR letter with your blue card application.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Adult household member consent** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Applicants signature: | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |  |
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|  | | Date: | | | | | | | enter date. | | | |  | | | | | | | | | | | | | | | | | |  |
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|  | | Applicants name: | | | | | | | enter text. | | | | | | | | | | | | | | | |  |  | | | | |  |
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