**Consent to share information form**

The purpose of this form is to 1) collect information about you, any children you have cared for, and anyone living in the home you plan to provide foster care in, and 2) obtain your consent to share this information with the Department for Child Protection for a child protection history check to be completed.

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| Personal details of enquirer |
| Please provide the following information. | Person 1 | Person 2  |
| Full name*(first middle and last)* | < enter text > | < enter text > |
| Previous name/s and alias/es*(if applicable)* | < enter text > | < enter text > |
| DOB: | < enter text > | < enter text > |
| Gender | [ ]  Male [ ]  Female[ ]  Other: < enter text > | [ ]  Male [ ]  Female[ ]  Other: < enter text > |
| Residential address | < enter text > | < enter text > |
| Postal address | < enter text > | < enter text > |
| Have you ever resided in a state other than SA, or in New Zealand? | [x]  Yes [ ]  No  | [ ]  Yes [ ]  No  |
|  | ***If yes****, please complete the ‘Interstate CP information request’ & ‘Consent to Share Information’ forms* | ***If yes****, please complete the ‘Interstate CP information request’ & ‘Consent to Share Information’ forms* |
| Phone number | < enter text > | < enter text > |
| Email address | < enter text > | < enter text > |
| Culture | < enter text > | < enter text > |
| Aboriginal/Torres Strait Islander | [ ]  Yes [ ]  No [ ]  Unknown | [ ]  Yes [ ]  No [ ]  Unknown |
| Cultural group | < enter text > | < enter text > |
| Clan/Skin group | < enter text > | < enter text > |
| Second Clan or Skin group | < enter text > | < enter text > |
| Language/s spoken | < enter text > | < enter text > |
| Interpreter required | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |

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| Household information  |
| Please include:* Other adults, children and young people regularly living in your home
* Regular guests
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| **Household Member One** |
| Full name (*first middle and last)* | < enter text > |
| Date of birth | < dd/mm/yyyy > | Relationship to Applicant 1 | < enter text > |
| Gender | [ ]  Male [ ]  Female[ ]  Other: < enter text > | Relationship to Applicant 2 | < enter text > |
| **Household Member Two** |
| Full bame *(first middle and last)* | < enter text > |
| Date of birth | < dd/mm/yyyy > | Relationship to Applicant 1 | < enter text > |
| Gender | [ ]  Male [ ]  Female[ ]  Other: < enter text > | Relationship to Applicant 2 | < enter text > |
| **Household Member Three** |
| Full name *(first middle and last)* | < enter text > |
| Date of birth | < dd/mm/yyyy > | Relationship to Applicant 1 | < enter text > |
| Gender | [ ]  Male [ ]  Female[ ]  Other: < enter text > | Relationship to Applicant 2 | < enter text > |
| **Household Member Four** |
| Full name *(first middle and last)* | < enter text > |
| Date of birth | < dd/mm/yyyy > | Relationship to Applicant 1 | < enter text > |
| Gender | [ ]  Male [ ]  Female[ ]  Other: < enter text > | Relationship to Applicant 2 | < enter text > |

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| **Children you have cared for***Children who have previously lived in your home that are now adults and/or no longer reside with you* |

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| --- | --- |
| Full name (*first middle and last)* | < enter text > |
| Date of birth | < dd/mm/yyyy > | Relationship to Applicant 1 | < enter text > |
| Gender | [ ]  Male [ ]  Female[ ]  Other: < enter text > | Relationship to Applicant 2 | < enter text > |
|  |
| Full name *(first middle and last)* | < enter text > |
| Date of birth | < dd/mm/yyyy > | Relationship to Applicant 1 | < enter text > |
| Gender | [ ]  Male [ ]  Female[ ]  Other: < enter text > | Relationship to Applicant 2 | < enter text > |
|  |
| Full name *(first middle and last)* | < enter text > |
| Date of birth | < dd/mm/yyyy > | Relationship to Applicant 1 | < enter text > |
| Gender | [ ]  Male [ ]  Female[ ]  Other: < enter text > | Relationship to Applicant 2 | < enter text > |
|  |
| Full name *(first middle and last)* | < enter text > |
| Date of birth | < dd/mm/yyyy > | Relationship to Applicant 1 | < enter text > |
| Gender | [ ]  Male [ ]  Female[ ]  Other: < enter text > | Relationship to Applicant 2 | < enter text > |

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| Carer information |
| Have you or any member of your household applied, or been approved, to be a carer with any other agencies, including interstate?  | *(Mark one)*[ ]  Yes [ ]  NoIf yes, provide details of the name of the person/s and the agency/ies to which you applied or with which you were approved.< enter text > |
| Are you currently providing family day care? (i.e. with the DfE Family day care program)  | *(Mark one)*[ ]  Yes [ ]  NoIf yes, provide details of the name and contact numbers of your family day care co-ordinator.< enter text > |
| Have you ever worked for the Department for Child Protection or are currently engaged in providing care to a child under Guardianship on a residential basis? | *(Mark one)*[ ]  Yes [ ]  NoIf yes, advise enquirer that a Child Protection check and a Department for Child Protection Human Resources check is conducted on these applicants |

**Record of Consent**

**Proposed information to be shared**

I understand the information has been gathered to undertake child protection history checks

I/we consent to the information is this form being shared between the Department for Child Protection (DCP)
and < enter text >.

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| **Person One** | **Person Two** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(insert the name of the worker)* from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Insert the name of the service provider)* has discussed with me the information that will be shared or sought from other agencies and persons and how that information will be provided. I provide my permission for the information in the form to be provided to the Department for Child Protection**Name:** **Signature:**  **Date:**  / /**Address:** **Date of birth:** / / **Phone number:** **Witness’s name ( \_\_\_\_\_\_\_ staff member):** **Signature:**  **Date:**  / /**Position:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(insert the name of the worker)* from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Insert the name of the service provider)*has discussed with me the information that will be shared or sought from other agencies and persons and how that information will be provided. I provide my permission for the information in theform to be provided to the Department for Child Protection. **Name:** **Signature:**  **Date:**  / /**Address:** **Date of birth:** / / **Phone number:** **Witness’s name ( \_\_\_\_\_\_\_ staff member):** **Signature:**  **Date:**  / /**Position:**  |