

This form is to be completed when additional Household members need to be added to either the:

- *Application for Initial Approval – Form 3A*
- *Application of Renewal of Approval – Form 3B*

On completion of this form, attach and submit to the required application for approval document above.

### Applicant 1 information

Family name:

First name:

Middle name:

Date of birth:

### Household member

**1** Title

Family name

First name

Middle name

Birth name

Other names known by

**2** Gender

Date of birth

Place of birth

State of birth

Country of birth

### 3 Contact details

Mobile

Other (if applicable)

Email address

### Household member

**1** Title

Family name

First name

Middle name

Birth name

Other names known by

**2** Gender

Date of birth

Place of birth

State of birth

Country of birth

### 3 Contact details

Mobile

Other (if applicable)

Email address

Household member	
<b>4 Current residential address</b>	
<input type="text"/>	
<input type="text"/>	
State <input type="text"/>	Postcode <input type="text"/>
<b>5 Previous residential addresses</b>	
<p>Provide details below of ALL past addresses, with a minimum stay of at least 6 months and the date range you resided at these locations (<i>including overseas and interstate</i>).</p> <p>If there is insufficient space, please provide additional details on the pages provided at the end of this application.</p>	
Dates <input type="text"/>	<input type="text"/>
<input type="text"/>	
<input type="text"/>	
State <input type="text"/>	Postcode <input type="text"/>
Dates <input type="text"/>	<input type="text"/>
<input type="text"/>	
<input type="text"/>	
State <input type="text"/>	Postcode <input type="text"/>
<b>6 Relationship to Applicant/s</b>	
<p><i>It is important that all the relevant relationships between applicant 1 and applicant 2 are listed in the appropriate boxes.</i></p>	
What is your relationship to Applicant 1?	
<input type="text"/>	
What is your relationship to Applicant 2?	
<input type="text"/>	

Household member	
<b>4 Current residential address</b>	
<input type="text"/>	
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What is your relationship to Applicant 1?	
<input type="text"/>	
What is your relationship to Applicant 2?	
<input type="text"/>	

Household member				
<p><b>7 Have you ever held a Queensland driver's license?</b></p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No (<i>proceed to next question</i>)         </div> <p><b>If yes, please provide your driver's license number?</b></p> <p>License number <input style="width: 150px;" type="text"/> or</p> <p style="text-align: center;">your license number is unknown <input type="checkbox"/></p>				
<p><b>8 Do you have a Blue Card or Exemption Card?</b></p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <input type="checkbox"/> Yes.... provide blue card details below  <input type="checkbox"/> No..... complete LINK to Child Safety below  <input type="checkbox"/> N/A.... household member under 18 years         </div> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><i>If yes, Blue Card number?</i></p> <input style="width: 100%;" type="text"/> </td> <td style="width: 50%; vertical-align: top;"> <p><i>Blue Card expiry? (dd/mm/yyyy)</i></p> <input style="width: 100%;" type="text"/> </td> </tr> <tr> <td style="vertical-align: top;"> <p><i>If yes, Exemption Card number?</i></p> <input style="width: 100%;" type="text"/> </td> <td style="vertical-align: top;"> <p><i>Exemption card expiry? (dd/mm/yyyy)</i></p> <input style="width: 100%;" type="text"/> </td> </tr> </table>	<p><i>If yes, Blue Card number?</i></p> <input style="width: 100%;" type="text"/>	<p><i>Blue Card expiry? (dd/mm/yyyy)</i></p> <input style="width: 100%;" type="text"/>	<p><i>If yes, Exemption Card number?</i></p> <input style="width: 100%;" type="text"/>	<p><i>Exemption card expiry? (dd/mm/yyyy)</i></p> <input style="width: 100%;" type="text"/>
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<div style="background-color: #4a698c; color: white; padding: 5px; margin-bottom: 10px;"><b>LINK to Child Safety</b></div> <p><b>ONLY</b> to be used for <b>adult</b> household members who do not have a current blue card or exemption card <b>AND</b> have completed the blue card registration process.</p> <p>Online account number provided by Blue Card Services:</p> <input style="width: 150px;" type="text"/> <p>Date online account number was received</p> <input style="width: 150px;" type="text"/> <p><b>If completing a paper based blue card application</b></p> <p><i>Complete and attach a <a href="#">Volunteer foster/kinship carer or adult member blue/exemption card application</a> form AND provide one certified form of identification as per the instructions in the blue card application form .</i></p>				

Household member				
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### Disclosure statement and Privacy notice

The Department of Families, Seniors, Disability Services and Child Safety (Child Safety) is collecting your personal information for the purpose of assessing your suitability as an adult household member. As far as possible, we will collect this information directly from you. It may also be necessary for Child Safety to collect information from third parties such as family members, medical practitioners, or the Queensland Police Service. Sometimes people will contact the department and share information about you. Child safety will take reasonable steps to notify you when this occurs.

The collection of this information is authorised by the *Child Protection Act 1999* and the Child Protection Regulation 2023 and may be shared with other agencies, such as the Queensland Police Service, for the purpose of conducting a criminal history check as part of our assessment of your suitability to be an adult household member. If you do not provide the requested information, Child Safety will not be able to complete the assessment.

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 proceedings 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 the results of screening checks, and the assessment report in relation to your application.

Your personal information will be handled in accordance with the *Information Privacy Act 2009*. More information about how we handle personal information is available on our [website](#) and in our [Privacy Policy](#). The Privacy Policy contains information about how you can access personal information held by Child Safety and seek correction of that information if it is inaccurate, out of date, incomplete, irrelevant or misleading. The Privacy Policy also contains information about how you may complain about a breach of the Queensland Privacy Principles and how Child Safety will deal with the complaint.

### Adult household member consents

#### Personal history checks

I consent to Child Safety, the relevant agencies identified in the privacy notice, and the government departments and agencies responsible for child protection in other Australian States and Territories, International Social Services Australia and the New Zealand Oranga Tamariki (Ministry of Children) to:

- Undertake criminal, child protection, carer history, domestic violence and traffic history checks and provide to the requesting officer any information related to me.
- Undertake international criminal history and child protection checks and provide to the requesting officer any information related to me if I have lived overseas.

I consent to information obtained in processing this application to be provided to any third party who is vested with assessing the application.

I understand that my personal information will be handled in accordance with the *Information Privacy Act 1999* and relevant sections of the *Child Protection Act 1999*.

#### Household member consent

*I have read and understand the disclosure statement and privacy notice, consents and confirm that the information is correct. I consent to the personal history checks described above.*

Adult household member	
Name	<input type="text"/>
Date	<input type="text"/>
Signature	<input type="text"/>

Adult household member	
Name	<input type="text"/>
Date	<input type="text"/>
Signature	<input type="text"/>