

PROCESS

- This form is to be completed by Foster and Kinship Care Agencies when a Foster/Kinship/Provisionally Approved Carer discontinues as a carer. All form fields are required to be completed.
- Completed referrals are to be emailed to both the **Placement Support Unit** in your region and **Qld Foster and Kinship Care** exit@qfkc.com.au

Section 1: REFERRING FOSTER AND KINSHIP CARE AGENCY DETAILS

Organisation name: Date of carer exit:

Contact officer: Email:

Section 2: CARER DETAILS

Title: Mr Mrs Ms Miss Other:

Last name: First name:

Address: State:

Postcode:

Email Address: Contact Number:

Cultural Identity: Other:

Region: CSSC:

Carer Type (As per CoA): Carer Type (As per FCA):

Section 3: CARER EXIT CATEGORIES

Was the carer's exit planned?

Did the carer exit negatively impact the child?

i.e., child moved from kinship care to foster care; child moved from foster care to residential care.

Was the carer involved in a recent SOC? Yes *If yes, complete the below section* No

SOC status at time of carer exit: Likely to commence soon Underway Recently concluded

Was the carer involved in a recent harm report? Yes *If yes, complete the below section* No

Harm Report status at time of carer exit: Likely to commence soon Underway Recently concluded

Was the carer exit the result of (tick those that apply):

a negative Blue Card notice for carers or a negative Blue Card notice for AHM

carer surrendered certificate of approval or cancellation of carer certificate of approval

carer certificate not renewed

Comment:

QFKC USE ONLY

Date Received	Date Entered	Staff member
/ /	/ /	