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| **Disclosure Statement and Privacy Notice:** |
| The Department Families, Seniors, Disability Services and Child Safety (Child Safety) is collecting the personal information on this form for the purpose of assessing your application to become or continue to be a foster or kinship carer. 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 *Children’s Court Rules 2016* and the *Director of Child Protection Litigation Act 2016*, the department 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 the department 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 in your care as an approved foster or kinship carer, such as long-term Child Protection Orders. |

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| The Foster Carer Agreement is an agreement negotiated between each applicant / carers’ and Child Safety and/or Licensed Care Service. The Foster Carer Agreement should be negotiated during the initial approval assessment, renewal of approval and where the foster carer or Child Safety staff initiates a review. |

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| 1. **This Agreement is between:**
 | **AND:**  |
| Managing CSSC |       | Applicant/Carer 1 Name: |       |
| Foster and kinship care service (if applicable) |       | Applicant/Carer 2 Name: |       |

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| 1. **Agreement phase:**
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| [ ]  | Initial agreement (to be completed with initial assessment or prior to first placement) |
| [ ]  | Review of agreement (to be completed at the time of a carer’s renewal of approval assessment) |
| [ ]  | Additional review (at key review points, e.g. SOCR/Harm report, Change in Carer Circumstances, upon request by carer) |
| Reason for additional review:  |
|       |

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| 1. **Placement Considerations:**
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| Gender: | Male [ ]  Female [ ]  |
| Age: |  *<1* *[ ]  2-4* *[ ]  5-7 [ ]  8-10 [ ]  11-12 [ ]  13-15 [ ]  >16 [ ]*  |
| **Language / Culture** |
| Do you speak a language other than English? | [ ]  Yes [ ]  No |       |
| Is there a particular culture you identify with? | [ ]  Yes [ ]  No |       |
| Is there an Aboriginal or Torres Strait Islander community or language group you identify with? | [ ]  Yes [ ]  No |       |
| **School Catchment:** |
| Schools that are in your local area. | List schools:      |
| **Immunisation:**The Queensland Government supports immunisation of children in accordance with the National Immunisation Program Schedule.  |
| Are you willing and able to follow the current vaccination schedule for a child in your care – including your children? (*Child Safety will fund all scheduled vaccination costs for children placed in your care*) | [ ]  Yes | [ ]  No |
| Have you had any immunisations as an adult?  | [ ]  Yes | [ ]  No |
| If yes, please specify:  |       |
| Have you received a booster dose of the pertussis (whooping cough) vaccine in the last 10 years?  | [ ]  Yes | [ ]  No |
| Have all children in your care been immunised in line with the National Immunisation Program Schedule? | [ ]  Yes | [ ]  No |
| Placement restrictions may apply where carers and their families are not immunised e.g. babies may not be placed with unimmunised carer families due to the risk of serious complication to newborns from whooping cough. |
| **Provision of regulated care services from your home:** |
| Do you provide a family day care service from your home? | [ ]  Yes | [ ]  No |
| If yes, please provide details of: |
| The number of children you provide care to  |       |
| The age of the children you provide care to  |       |
| Do you provide a stand-alone care service from your home? | [ ]  Yes | [ ]  No |
| If yes, please provide details of: |
| The number of children you provide care to  |       |
| The age of the children you provide care to |       |
| **Placement types you are willing to** **consider:**(consider assessment information documented in Form 3A and 3B, and carer’s training and experience) |
| Sibling Groups (3 or more children) | [ ]  Yes [ ]  No |       |
| Complex Medical Support Needs | [ ]  Yes [ ]  No |       |
| Disabilities | [ ]  Yes [ ]  No |       |
| Specific Behaviours/Needs | [ ]  Yes [ ]  No |       |
| Same day placements | [ ]  Yes [ ]  No |       |
| After hours emergency placement | [ ]  Yes [ ]  No |       |

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| Practical limitation (if any): e.g. disability access, multiple children under 4, bedroom sharing, car capacity, flexibility of carer work commitments, other regulated services provided from the home. |
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| 1. **Placement Capacity:** What is the maximum number of children/young persons you are able to provide care for?
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| Primary(emergency, short/long term) |       | Respite |       |

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| 1. **Development and Support Plan – other than mandatory training**
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| **Applicant/Carer 1:** Areas of learning and development by/with the applicant/carer: |
| **Learning & Development Area** | **How will these be met?** | **Who will assist the carer?** | **Timeframe** |
|       |       |       |       |
|       |       |       |       |
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| **Applicant/Carer 2:** Areas of learning and development by/with the applicant/carer: |
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| **Learning & Development Area** | **How will these be met?** | **Who will assist the carer?** | **Timeframe** |
|       |       |       |       |
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| **Costs associated with development and support plan** | **Approval Details**(CSSC/NGO – must be pre-approved before inclusion in this agreement. |
|       |       |

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| 1. **Support Plan and Network:**
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| Are there other elements of support identified with, or needed by, the applicant/carer? (provide details of nature, frequency, responsible agency/care service) |
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| Are there any supports that individual members of the applicant/carers family need or require? |
|       |

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| 1. **Agreement between participants**
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| **Applicant / Carer 1 Signature:** |       | Date: enter a date. |
| **Applicant / Carer 2 Signature:** |       | Date: enter a date. |
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| **Agency staff name:** |       | Date: enter a date. |
| **Agency staff Signature:** |       | Date: enter a date. |
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| **CSSC Manager name:**  |       | Date: enter a date. |
| **CSSC Manger Signature:** |       | Date: enter a date. |
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| **Support Options** | **Contact Details** | **Other Information** (detail relevant local information) |
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| **Queensland Foster and Kinship Care Support Line** | Telephone: 1300 729 309 Availability:*Monday to Friday* 5:00 pm – 11:30 pm*Saturday and Sunday*7:00 am – 11:30 pm |       |
| **Queensland Foster and Kinship Care (QFKC)** | Telephone: (07) 3256 6166Email: FCQ – admin@qfkc.com.au Website: FCQ – [www.qfkc.com.au](http://www.qfkc.com.au) |       |
| **Foster and/or Kinship Care Service** |      (please fill in contact details of local service supporting applicant/carer) |       |
| **Child Safety Service Centre (CSSC)** |      (please fill in contact details of local CSSC supporting applicant/carer) |       |