

The Application for Renewal of Approval – Form 3B (APA Renewal) is to be completed when an approved carer/s is renewing their carer approval for either foster or kinship care.

Approved foster and kinship carers are required to renew their approval 1 year from the date of their initial approval and every 3 years after that.

When renewing your foster or kinship carer approval you and any adult household members will be required to disclose and consent to the following:

- Personal history checks including:
  - Criminal history
  - Domestic and family violence
  - Traffic history
  - Child protection history

As part of this renewal application process, you will also need to complete and submit the [Carer Health and Wellbeing Questionnaire](#) and ensure you have a current [Blue Card or Exemption card](#) from Blue Card Services.

At their discretion, a CSSC Manager may request either of the following:

- a referee check, to be completed by the assessor
- a medical check with your nominated General Practitioner or treating medical practitioner identified on the Carer Health and Wellbeing questionnaire.
- an applicant's employer about their employment history
- specialist medical reports or a health plan
- international child protection checks if an applicant or adult household member has lived overseas for more than 6 months

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#### [Additional information and guidance for questions when completing this application.](#)

Applicants are required to complete all questions in the form, where information is not applicable to you, or other people recorded in the application an entry of N/A is to be provided.

#### APPLICANT INFORMATION:

##### *Question 4 – Do you have a current blue card or exemption card?*

Blue card applications can be submitted through the [Blue Card online portal](#) or via [paper application](#). Additional information is available at [Blue cards and exemption cards for foster and kinship carers – No Card No Start](#)

##### *Question 8 – Do you provide or intend to provide regulated childcare services from your home, such as home-based family day care or other home-based care service?*

For the purpose of this application form a regulated care service is a service that involves the education of, or care for children in the home, such as Family Day care or a stand-alone care service. For more information on a regulated care service refer to the options below:

- [Family day care service](#)
- [Stand-alone care service](#)

##### *Question 9 – Self disclosure by applicant/s*

When responding to the questions around personal history information you must provide **ALL** known personal history information including criminal history and traffic history. Criminal history checks include all charges and convictions (including '[spent convictions](#)').

For the question '*Have you ever been the aggrieved or respondent in a domestic violence and family violence matter in Queensland, interstate or internationally?*' The '**aggrieved**' is the **person who needs protection** from domestic violence; and the '**respondent**' is the **person from whom the aggrieved seeks protection**.

Applicants should use the additional page provided at the end of the application to ensure all required information is provided for each question.

For applicants who have more than 2 Household Members, please provide information for these additional household members on the [Addendum for Additional Household Members – Form 3C](#).

This form has the provision to be signed with a digital signature.

Any required information that is not provided in the application form may result in the delay of your application being progressed.

**APPLICATION for RENEWAL of APPROVAL** (*Applicant to complete*)

Applicant 1	
<b>1 PERSONAL INFORMATION</b>	
Title	<input type="text"/>
Family name	<input type="text"/>
First name	<input type="text"/>
Middle name ( <i>if applicable</i> )	<input type="text"/>
Other names known by	<input type="text"/>
Date of birth	<input type="text"/>
<b>2 Place of birth</b>	
Town/city	<input type="text"/>
State	<input type="text"/>
Country	<input type="text"/>
<b>3 Your contact details</b>	
Mobile	<input type="text"/>
Other ( <i>if applicable</i> )	<input type="text"/>
Email address	<input type="text"/>
<b>4 Blue Card number</b>	<b>Blue Card expiry date</b>
<input type="text"/>	<input type="text"/>
<b>Exemption Card number</b>	<b>Exemption Card expiry date</b>
<input type="text"/>	<input type="text"/>

Applicant 2	
<b>1 PERSONAL INFORMATION</b>	
Title	<input type="text"/>
Family name	<input type="text"/>
First name	<input type="text"/>
Middle name ( <i>if applicable</i> )	<input type="text"/>
Other names known by	<input type="text"/>
Date of birth	<input type="text"/>
<b>2 Place of birth</b>	
Town/city	<input type="text"/>
State	<input type="text"/>
Country	<input type="text"/>
<b>3 Your contact details</b>	
Mobile	<input type="text"/>
Other ( <i>if applicable</i> )	<input type="text"/>
Email address	<input type="text"/>
<b>4 Blue Card number</b>	<b>Blue Card expiry date</b>
<input type="text"/>	<input type="text"/>
<b>Exemption Card number</b>	<b>Exemption Card expiry date</b>
<input type="text"/>	<input type="text"/>

Applicant 1	
<b>5 Australian residency status</b>	<p>If you are a temporary resident, you will be required to provide a copy of your visa when verifying your identification.</p> <p><input type="checkbox"/> Permanent</p> <p><input type="checkbox"/> Temporary...provide visa expiry date below</p> <p>Date of expiry <input type="text"/></p>
<b>6 Current residential address</b>	<p><input type="text"/></p> <p><input type="text"/></p> <p>State <input type="text"/> Postcode <input type="text"/></p>
<b>Current postal address</b> <i>(‘as above’ if same as residential information)</i>	<p><input type="text"/></p> <p><input type="text"/></p> <p>State <input type="text"/> Postcode <input type="text"/></p>
<b>7 Previous residential address</b>	<p>Provide details below of <b>ALL past addresses</b>, with a minimum stay of at least 6 months and the date range you resided at these locations (including overseas and interstate). <i>If there is insufficient space, please provide additional details on the pages provided at the end of this application.</i></p> <p>Date range: <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>State <input type="text"/> Postcode <input type="text"/></p> <p>Date range: <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>State <input type="text"/> Postcode <input type="text"/></p>

Applicant 2	
<b>5 Australian residency status</b>	<p>If you are a temporary resident, you will be required to provide a copy of your visa when verifying your identification.</p> <p><input type="checkbox"/> Permanent</p> <p><input type="checkbox"/> Temporary...provide visa expiry date below</p> <p>Date of expiry <input type="text"/></p>
<b>6 Current residential address</b>	<p><input type="text"/></p> <p><input type="text"/></p> <p>State <input type="text"/> Postcode <input type="text"/></p>
<b>Current postal address</b> <i>(‘as above’ if same as residential information)</i>	<p><input type="text"/></p> <p><input type="text"/></p> <p>State <input type="text"/> Postcode <input type="text"/></p>
<b>7 Previous residential address</b>	<p>Provide details below of <b>ALL past addresses</b>, with a minimum stay of at least 6 months and the date range you resided at these locations (including overseas and interstate). <i>If there is insufficient space, please provide additional details on the pages provided at the end of this application.</i></p> <p>Date range: <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>State <input type="text"/> Postcode <input type="text"/></p> <p>Date range: <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>State <input type="text"/> Postcode <input type="text"/></p>

**Applicant 1**

**8 Do you provide or intend to provide regulated childcare services from your home, such as home-based family day care or other home-based care service? (Refer to page 1)**

Yes  No

If yes, provide details below:

Family day care  
 Stand-alone care

Number of children at residence:

Ages of children at residence:

**Applicant 2**

**8 Do you provide or intend to provide regulated childcare services from your home, such as home-based family day care or other home-based care service? (Refer to page 1)**

Yes  No

If yes, provide details below:

Family day care  
 Stand-alone care

Number of children as residence:

Ages of children at residence:

**9 SELF DISCLOSURE**

The self-disclosure section must be completed in full, if you have no history, the 'No' box must be ticked. If 'Yes' is ticked, details must be provided

**a) Since your last approval have you had any criminal charges, including charges laid against you awaiting determination in Queensland, interstate or internationally?**

Yes  No

If yes, please provide details below:

**b) Have you ever held a Queensland driver's license?**

Yes  No (proceed to next question)

If yes, please provide your driver's license number

License number  or

your license number is unknown

**c) Since your last approval have you had any traffic violations, including fines and/or charges laid against you awaiting determination in Queensland, interstate or internationally?**

Yes  No

If yes, please provide details below:

**9 SELF-DISCLOSURE**

The self-disclosure section must be completed in full, if you have no history, the 'No' box must be ticked. If 'Yes' is ticked, details must be provided

**a) Since your last approval have you had any criminal charges, including charges laid against you awaiting determination in Queensland, interstate or internationally?**

Yes  No

If yes, please provide details below:

**b) Have you ever held a Queensland driver's license?**

Yes  No (proceed to next question)

If yes, please provide your driver's license number

License number  or

your license number is unknown

**c) Since your last approval have you had any traffic violations, including fines and/or charges laid against you awaiting determination in Queensland, interstate or internationally?**

Yes  No

If yes, please provide details below:

**Applicant 1**

- d)** Since your last approval have you been the aggrieved or respondent in a domestic violence and family violence matter in Queensland, interstate or internationally?

Yes  No

If yes, please provide details below:

- e)** Since your last approval are you aware of any criminal, domestic violence, or traffic history information including charges laid against a member of your household in Queensland, interstate or internationally?

Yes  No

If yes, please provide details below:

**Applicant 2**

- d)** Since your last approval have you been the aggrieved or respondent in a domestic violence and family violence matter in Queensland, interstate or internationally?

Yes  No

If yes, please provide details below:

- e)** Since your last approval are you aware of any criminal, domestic violence, or traffic history information including charges laid against a member of your household in Queensland, interstate or internationally?

Yes  No

If yes, please provide details below:

**Disclosure statement and 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 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*.

Child Safety may disclose relevant personal information to the Queensland Police Service, Blue Card Services, Department of Transport and Main Roads, your nominated medical practitioner and Foster and Kinship care agencies. If you change to a different Foster and Kinship care agency, the current agency will transfer your personal information to the new agency.

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).

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 parent. 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.

**Consent requirements for applicants**

**Training**

I understand that I may be required to complete training by Child Safety.

**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 history, 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 become a carer being provided to any third party who is authorised to assess my application and/or provide ongoing support to me should this application be approved e.g., Foster and kinship care agency.

I understand that my personal information will be handled by the department in accordance with the *Information Privacy Act 2009* and relevant section of the *Child Protection Act 1999*.

**Applicant consent**

*I have read and understand the disclosure statement and privacy notice and provide consent in accordance with the consent requirements listed above. I confirm that the information in the application is correct, including that any additional adult household member consents are properly recorded in this application.*

Applicant 1	
Name	<input type="text"/>
Date	<input type="text"/>
Signature	<input type="text"/>

Applicant 2	
Name	<input type="text"/>
Date	<input type="text"/>
Signature	<input type="text"/>

## HOUSEHOLD MEMBERS

The below section will need to be completed for **all Household members**.

### Who is considered a household member?

A household member includes adults and children who are residing in the home with the carer or may also be another adult who does not live with you but is a regular or frequent visitor to your home or property. This may include a new partner, as well as extended family members and others in your personal network who have regular and frequent contact with your household. Although they are not residents, the nature of their contact might present a risk of harm to the child in your care if they are not appropriately checked.

Child Safety needs to know who is living with you or regularly spending time in your home, as this person will likely have some contact with the child we have placed in your care. All approved foster and kinship carers are required to provide this information to Child Safety (Child Protection Act 1999, section 141G).

The decision about whether or not someone is a household member will be made by the Child Safety Service Centre Manager. They will take into account the nature and context of this person's contact with the child placed into your care.

Each household member must complete this section including the applicant's own children. The applicant's biological or stepchildren and any child who is in the long term or permanent guardianship of the applicant/s should be recorded as a household member.

### Question 21

Household members aged under 18 years are not subject to traffic or domestic violence checks. Child Protection checks will be undertaken to assist in the determination of suitability of the applicants.

All **adult** household members aged 18 years and over are required to give signed consent to the undertaking of personal history checks which include child protection, criminal, traffic, and domestic violence history.

Adult household members are required to hold a current blue card or exemption card prior to joining a carer household. The only exception to this rule is if the adult household member is part of a provisionally approved carer household.

Where an applicant is provisionally approved, adult household members will undergo criminal history checks conducted by Child Safety in addition to child protection history checks, domestic violence, and traffic history checks. Criminal history checks include all charges and convictions (including '[spent convictions](#)').

A parent of a child in care who is living in the same household as the child does not require a blue card.

Where an adult household member has lived in New Zealand or interstate for more than six months in the last five years, New Zealand and interstate criminal and child protection history checks will be conducted. All adult household members will be required to consent to have personal history checks completed and consent to the disclosure statement and privacy notice.

If you have more than 2 household members, please provide information for these additional household members on the [Addendum for Additional Household Members – Form 3C](#).

Household member	
10	Title <input type="text"/>
	Family name <input type="text"/>
	First name <input type="text"/>
	Middle name <input type="text"/>
	Birth name <input type="text"/>
	Other names known by <input type="text"/>

Household member	
10	Title <input type="text"/>
	Family name <input type="text"/>
	First name <input type="text"/>
	Middle name <input type="text"/>
	Birth name <input type="text"/>
	Other names known by <input type="text"/>



Household member	
<b>11</b>	Gender <input type="text"/> Date of birth <input type="text"/> Place of birth <input type="text"/> State of birth <input type="text"/> Country of birth <input type="text"/>
<b>12</b>	<b>Contact details</b> Mobile <input type="text"/> Other (if applicable) <input type="text"/> Email address <input type="text"/>
<b>13</b>	<b>Current residential address</b> <input type="text"/> <input type="text"/> State <input type="text"/> Postcode <input type="text"/>
<b>14</b>	<b>Previous residential address</b> <p>Provide details below of <b>ALL past addresses</b>, 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"/> State <input type="text"/> Postcode <input type="text"/>

Household member	
<b>11</b>	Gender <input type="text"/> Date of birth <input type="text"/> Place of birth <input type="text"/> State of birth <input type="text"/> Country of birth <input type="text"/>
<b>12</b>	<b>Contact details</b> Mobile <input type="text"/> Other (if applicable) <input type="text"/> Email address <input type="text"/>
<b>13</b>	<b>Current residential address</b> <input type="text"/> <input type="text"/> State <input type="text"/> Postcode <input type="text"/>
<b>14</b>	<b>Previous residential address</b> <p>Provide details below of <b>ALL past addresses</b>, 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"/> State <input type="text"/> Postcode <input type="text"/>

Household member	
Dates	<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"/>
State	<input type="text"/> Postcode <input type="text"/>
<b>15 Relationship to Applicant/s</b>	<i>It is important that all the relevant relationships between applicant 1 and applicant 2 are listed in the appropriate boxes.</i>
<b>What is your relationship to Applicant 1?</b>	<input type="text"/>
<b>What is your relationship to Applicant 2?</b>	<input type="text"/>
<b>16 Have you ever held a Queensland driver's license?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>proceed to next question</i> )
If yes, please provide your driver's license number?	
License number	<input type="text"/> or
your license number is unknown	<input type="checkbox"/>

Household member	
Dates	<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"/>
State	<input type="text"/> Postcode <input type="text"/>
<b>15 Relationship to Applicant/s</b>	<i>It is important that all the relevant relationships between applicant 1 and applicant 2 are listed in the appropriate boxes.</i>
<b>What is your relationship to Applicant 1?</b>	<input type="text"/>
<b>What is your relationship to Applicant 2?</b>	<input type="text"/>
<b>16 Have you ever held a Queensland driver's license?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>proceed to next question</i> )
If yes, please provide your driver's license number?	
License number	<input type="text"/> or
your license number is unknown	<input type="checkbox"/>

Adult Household member

17 Do you have a Blue Card or Exemption Card?

- Yes.... provide blue card details below
- No..... complete **LINK to Child Safety** below
- N/A.... household member under 18 years

If yes, Blue Card number?

Blue Card expiry date? (dd/mm/yyyy)

If yes, Exemption Card number?

Exemption card expiry? (dd/mm/yyyy)

**LINK to Child Safety**

**ONLY** to be used for adult household members who do not have a current blue card or exemption card **AND** have completed the blue card registration process.

Online account number provided by Blue Card Services:

Date online account number was received:

**If completing a paper based blue card application**

Complete and attach a [Volunteer foster/kinship carer or adult member blue/exemption card application](#) form **AND** provide **one** certified form of identification as per the instructions in the blue card application form .

Adult Household member

17 Do you have a Blue Card or Exemption Card?

- Yes.... provide blue card details below
- No..... complete **LINK to Child Safety** below
- N/A.... household member under 18 years

If yes, Blue Card number?

Blue Card expiry date? (dd/mm/yyyy)

If yes, Exemption Card number?

Exemption card expiry? (dd/mm/yyyy)

**LINK to Child Safety**

**ONLY** to be used for adult household members who do not have a current blue card or exemption card **AND** have completed the blue card registration process.

Online account number provided by Blue Card Services:

Date online account number was received:

**If completing a paper based blue card application**

Complete and attach a [Volunteer foster/kinship carer or adult member blue/exemption card application](#) form **AND** provide **one** certified form of identification as per the instructions in the blue card application form .

**Disclosure statement and 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 you as 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*.

Child Safety may disclose relevant personal information to the Queensland Police Service, Blue Card Services, Department of Transport and Main Roads.

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).

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 parent. 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.

**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 authorised to assess the application.

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

**Adult 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 1	
Name	<input type="text"/>
Date	<input type="text"/>
Signature	<input type="text"/>

Adult household member 2	
Name	<input type="text"/>
Date	<input type="text"/>
Signature	<input type="text"/>

**Additional information that could not be provided in the application above can be provided in the fields below.**

- *Please provide the question number that the information relates to in each of the fields below.*
- *Additional Household fields have also been provided below if required*

Question number

Question number

Question number

Question number

## CHILD SAFETY TO COMPLETE

Child Safety staff member to complete and forward to Central Screening Unit

Email: [Cscs\\_csu\\_process@communities.qld.gov.au](mailto:Cscs_csu_process@communities.qld.gov.au)

**Application for Renewal of Approval**

Type of application *(please tick one only)*  Kinship Carer (KC)  Foster Carer (FC)

Is the application properly made?  Yes Date application properly made

Suitability outcome to be sent to  Region

CSSC responsible for applicant's application

Supporting Foster and Kinship Care agency *(if relevant)*

**Name of applicant 1**

**Names of subject children** *(for foster carer – specific child and kinship applications only)*

Last name	Given names	Date of birth	Gender	ICMS Person ID
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**CSU OFFICE USE ONLY**

File reference

Application number

ICMS EOI / Application ID