Queensland Government

Disclosure Statement and Privacy Notice

The Department of Child Safety, Youth and Women (Child Safety) is collecting the personal information on this form for the purpose of assessing the carer applicant/s for consideration to become approved foster carers. The information is required by sections 82, 122, 131, 132, 133, 134, 135, 136, 142, 143 of the *Child Protection Act 1999* and the Child Protection Regulation 2011 part 7.

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 proceeding 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 applications for future child protection order for children already placed in the applicant's care as an approved kinship carer, such as long term child protection orders.

Note: The *Medicare Benefits Schedule Book (March 2020)* states that Ministerial directions have been issued to enable Medicare benefits to be payable for: a medical examination for a person as a prerequisite of the person becoming eligible to foster a child or children (Page 35 section G.13.33).

Given Name:

Middle Name:

Family Name:

Address:

Line 1:

Line 2:

Suburb / Town:

State / Territory: *Postcode:*

Date of Birth (*dd/mm/yyyy*): Gender:

How long have you known the applicant? years months

How would you describe the applicant's health?

Excellent ☐ Good ☐ Fair ☐ Poor ☐

To your knowledge, has the applicant had any of the following:	Yes	No
Past or current back or shoulder injuries	☐	☐
Muscular / Skeletal Problems	☐	☐
High Blood Pressure	☐	☐
Heart complaint	☐	☐
Rheumatic fever	☐	☐
Asthma, TB or lung diseases	☐	☐
Ulcers	☐	☐
Bowel, liver or gall bladder diseases	☐	☐

Epilepsy	☐	☐
Kidney or bladder disease	☐	☐
Cancer or tumour of any kind	☐	☐
Diabetes	☐	☐
Visual difficulties (other than glasses)	☐	☐
Hearing difficulties	☐	☐
Major surgery	☐	☐
Psychological / Psychiatric disorders	☐	☐
Anxiety / Depressive illness	☐	☐
Neurological disorder	☐	☐
Blood borne virus (Hep C, HIV etc.)	☐	☐
Current infections disease	☐	☐
Other illness / disability	☐	☐

1) (c) If **yes** to any of the above, please comment on the likelihood of the condition affecting the applicant's ability to care for children and/or adolescents.

2) To your knowledge, is there any past or present evidence of alcohol or drug misuse/abuse by the applicant?

3) Is there any other information that you consider relevant to this application, e.g. evidence of domestic and/or family violence?

Recommendation:

On the basis of information contained in this report, are you of the opinion at this time, the applicant is in good health, to the extent they are able to provide a stable and high level care for children they may care for?	☐ Yes	☐ No

If **No**, please outline reasons below and/or attach to this report.

Doctor's Signature:

Name (please print) Date: / /