Communities and Justice

Carer Self-assessment and

Application for Continuation of Supported Care Allowance

*Use this form for care arrangements in which a relative/kin carer has been allocated:*

* *all aspects of parental responsibility*
* *some aspects of parental responsibility, including residence (at a minimum).*

**Applicant details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of child | Details | Date of birth | Date |
| Name of carer/s | Details | | |
| Address | Details | | |
| Phone | Details | Ema[i](http://www.facs.nsw.gov.au)l | Details |

**Application for Continuation of Supported Care Allowance**

Under the NSW Child Protection (Working with Children) Act 2012, you are required to obtain a working with children check (WWCC) if you are in a paid or voluntary role involving face-to-face contact with children.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Act(s) name  [Child Protection (Working with Children) Act 2012 New South Wales](https://legislation.nsw.gov.au/view/html/inforce/current/act-2012-051) |  | | | | |
| WWCC | | Do you have a current WWCC? | Yes or no | Date of expiry | Date |
| Your WWCC number | WWCC # | | |

**Carer self-assessment**

Under the NSW Children and Young Person’s (Care and Protection) Act 1998, you are required to complete an annual self-assessment.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Residence | Are the parent/s living in the same household or at same address? | | | | Yes or no |
| Do the parent/s visit the child’s at the carer’s address? | | | | Yes or no |
| Family time | Does the child maintain contact and participate in family time with their parents? | | | | Yes or no |
| If yes, provide details of family time arrangements. | | Details | | |
| If no, provide information about why family time is not occurring. | | Details | | |
| Culture | Do you think the child has their cultural needs met? | | | | Yes or no |
| If no, what additional supports needed for this? | | Details | | |
| Health | Does the child have any health or wellbeing needs for which you require support? | | | | Yes or no |
| If yes, provide details. | | Details | | |
| Education | Is child enrolled & attending school? | Yes or no | | School type? | School type |
| Name of school | | Details | | |
| If the child is not at school, are they participating in other education, vocational training or are they employed? | | | | Yes or no |
| If yes, provide details. | | Details | | |
| Comments | Let us know about anything else you would like to add. | | Details | | |

**DECLARATION BY CARER/S**

* I certify that the abovementioned child resides with me and I provide primary care.
* I will advise DCJ immediately if there are any changes to this care arrangement.
* I will advise DCJ if the child’s parent/s is/are residing with the child.
* I understand that it is an offence under the *NSW Child Protection (Prohibited Employment) Act 1998* for a person convicted of a serious sex offence to be an authorised carer.
* I state that the information contained within this application is correct to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Signature | Name of authorised carer | Date |
| Applicant 1 |  | Name | Date |
| Applicant 2 |  | Name | Date |