



Chapter 5A information request – Queensland Corrective Services (Child Protection Act 1999)

Department of Children, Youth Justice and Multicultural Affairs

Requesting information from the Department of Children, Youth Justice and Multicultural Affairs (Child Safety) in relation to a mother’s application for her child to reside with her in prison

Chapter 5A: Service delivery coordination and information sharing within the *Child Protection Act 1999* provides for the exchange of information between Child Safety, prescribed entities, and service providers for a range of purposes to meet the protection and care needs of children, promote their wellbeing and to coordinate the delivery of services appropriately and effectively to them.

All fields in section A and B must be completed to ensure informed and lawful decisions about information sharing can be made and that the information being requested is for the purpose of meeting a child’s protection and care needs. Once completed, please return this form to QCS_CS@cyjma.qld.gov.au

Section A – Details of the requesting and approving officer from Queensland Corrective Services

Contact Officer

Name:		Job title:	
Correctional Centre:		Date of Request:	
Email:		Telephone:	

Approving Officer

Name:		Job title:	
Date:		Signature	

Section B – Purpose of the request and particulars of the child, mother, and internal/external carers relevant to the application

Information is requested by the above-named delegated officer from Queensland Corrective Services under the authority of Chapter 5A of the *Child Protection Act 1999*. The information request relates to our assessment of an application received for accommodation of a child with a female prisoner, under sections 29 – 30 of the *Corrective Services Act 2006*.

An application has been made by the following prisoner:

Family Name:	Given names:	Date of birth:
Relationship to the child:	<input type="checkbox"/> Pregnant - due date: <input type="checkbox"/> Biological Mother <input type="checkbox"/> Legal guardian <input type="checkbox"/> Other (please state):	
Correctional Centre where the child will be residing if application approved:	Name: Address:	
Current sentence details:		



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Consent has been obtained	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Routine or emergency request?	<input type="checkbox"/> Routine <input type="checkbox"/> Emergency:				
NOTE: For an emergency request, please phone DMS on 07 3097 5301 to advise after emailing request.					
The application relates to the following child:					
Family name:	Given names:			Date of birth:	
Child's age:	Current address:				
If unborn, due date:					
Current care arrangements:					
If unborn, planned care arrangements at birth:					
The application nominates the following external carers to provide care to the child, as required by the correctional centre, whenever the named prisoner above is unable to					
Family name (include aliases)	Given names	Date of birth	Gender	Relationship to the child	Consent obtained
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
The application nominates the following internal carers to provide care to the child, as required by the correctional centre, whenever the named prisoner above is unable to					
Family name (include aliases)	Given names	Date of birth	Gender	Relationship to the child	Consent obtained
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have any additional information related to this request, please indicate it below:

Please email this form to QCS_CS@cyjma.qld.gov.au