**Privacy notice:** The Department of Children, Youth Justice and Multicultural Affairs is collecting the information on this form for the purpose of recording information about children in a care arrangement through your service. The information will be used to help us understand and respond to any concerns about the child or their carer. The information you provide will be handled in accordance with the *Child Protection Act 1999* and the *Information Privacy Act 2009.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of subject child/ren** |  | **Address of care arrangement****Type of care** |  |
| Choose an item. |
| INFORMATION ABOUT THE CHILD |
| **Complete the details about each child currently placed in the care arrangement. (Add additional lines if required).**

|  |  |  |
| --- | --- | --- |
|  | Age of child | Is the child Aboriginal, Torres Strait Islander, or both? |
| Child 1 |  | Choose an item. |
| Child 2 |  | Choose an item. |
| Child 3 |  | Choose an item. |
| Child 4 |  | Choose an item. |
| Child 5 |  | Choose an item. |

 |
| INFORMATION ABOUT THE CONCERNS |
| **Outline information which may be relevant to understanding and responding to the concerns**:      **For an Aboriginal and Torres Strait Islander child, please provide information about any cultural considerations which may be relevant to understanding and responding to the concerns:**      **Outline information about the child and the child’s care that may be relevant to the discussion**:      **Any other information:**       |
| INFORMATION ABOUT THE SERVICE PROVIDER |
| **Is the service HSQF certified?** Choose an item.**If no, specify other accreditation or certification (eg NDIS Quality and Safeguards Commission)?**      **Does your service hold a care service licence (under the *Child Protection Act 1999,* section 127) covering the specific residence where the subject child is living?** Choose an item. | **Is there an Individualised placement service agreement for the subject child?**  Choose an item.**Date of current agreement**:      **Was any staff member (linked to the concerns) contracted through another agency, and if so, which agency:**       |
| INFORMATION ABOUT STAFF |
| Complete only for the staff member (or each staff member) who has been linked to the concerns.**Outline information which may be relevant to understanding the care the staff member provided to the child and to the context of the concerns to be discussed:**      **Provide information about the staff member that may be relevant to considering how to respond to the concerns:**       |
| FORM COMPLETED BY**Name: Position:****Date:** |