**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:** |  | **Name of approved carer/s:****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 | Type of care | Is the child an Aboriginalor Torres Strait Islander child? |
| Child 1 |  | Choose an item. | Choose an item. |
| Child 2 |  | Choose an item. | Choose an item. |
| Child 3 |  | Choose an item. | Choose an item. |
| Child 4 |  | Choose an item. | Choose an item. |
| Child 5 |  | Choose an item. | 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’s care that may be relevant to the discussion**:      **Any other information:**       |
| INFORMATION ABOUT THE CARER |
| **Date current certificate of approval was issued to carer**:     **Date carers renewal of approval is due:**      **For foster carers only - date of Foster carer agreement:**       | **Outline any information identified in the most recent carer assessment report that may be relevant to this SOC discussion.**     **What areas of the carer’s development and support plan are yet to be completed?**       |
| INFORMATION ABOUT THE CARE ARRANGEMENT |
| **Is the service HSQF certified?**  Choose an item.**What additional funding or supports are provided to this care arrangement by Child Safety? Choose an item.****Please outline:**      **What funding or supports are being provided to this care arrangement by your agency?** **Please outline:**       |
| **FORM COMPLETED BY****Name: Position:****Date:** |