

**Community Services Check (CS Check) application**

**For an authorised carer applicant or household member applicant 16 years or over
applying through a non-government service provider**

Your agency should lodge this application to the inbox: CSCheck@facs.nsw.gov.au. If you have any questions or if the request is urgent, please contact us on (02) 9716 3488 or at the above mailbox.

Please:

* make sure that **all** probity checks for the applicant has been completed before you lodge this application
* note that this application does not apply to **current Department of Communities and Justice** carers transferring to your agency. The CS checks for these applicants are completed during the transfer process
* note that this form cannot be used to request a check for **guardianship applications, applications for new Adoptive parents or applications for residential care workers**
* note that this form cannot be used to request a check for a carer who is already authorised
* send applications forall applicants from one householdtogether in a single email
* use one application form per applicant.

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| **1. Information about the agency responsible for this application** |
| Agency Name:       | Contact person:       |
| Phone number:       | Email address:       |
| [ ]  (Tick box to confirm) The information contained in this form has been provided by the applicant.Detailed information assists us to complete a thorough search of the applicant’s history. Completing all sections of the form minimises delay.  |

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| **2. Information about the applicant** |
| Applicant’s name:       |
| Applicant’s WWCC number (APP number not accepted):       |
| Applicant’s aliases, previous names or maiden names:       |
| Applicant’s birth date:       |
| If this application is for a household member, please tell us who the authorised carer is for this household:Name:       Date of birth:        |
| Applicant’s full addresses for the past 10 years | Dates lived there (mm/yyyy – mm/yyyy) |
|       |       |
|       |       |
|        |       |
|       |       |
| Has the applicant previously been an authorised carer in NSW?[ ]  No[ ] Yes If ‘yes’ list previous agency names and authorisation dates belowagency name:       authorisation dates (mm/yyyy – mm/yyyy):       agency name:       authorisation dates (mm/yyyy – mm/yyyy):        |

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| **4. Information about children currently or previously in contact with the applicant** |
| **Children*** Applicant’s biological or adopted children
* Applicant’s siblings
* Children currently living with the applicant
* Children who have previously lived with the applicant
* All children the applicant has ever provided respite or foster care for

*If there are no children, please write ‘nil’.*  | **Dates lived with the applicant(mm/yyyy – mm/yyyy)** |
| Name:       Date of birth:      Relationship to applicant:      |       |
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