

**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](mailto: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) |
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| Has the applicant previously been an authorised carer in NSW?  No Yes If ‘yes’ list previous agency names and authorisation dates below  agency 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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