**This template has been developed to support the timely exchange of information between designated agencies. Use of this template and any adjustments to it is at the discretion of designed agencies.**

A summary sheet of important details and any updates regarding a carer household will assist designated agencies to efficiently locate and exchange all relevant information which may be requested by another designated agency.

For more information, please refer to the fact sheet: Information exchange between designated agencies, available from the Carers Register fact sheets page of the Office of the Children’s Guardian’s website at www.ocg.nsw.gov.au.

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| **Log of information requested by other designated agencies** | | | |
| **Name of requesting agency** | **Summary of information requested** | **Date requested** | **Date provided** |
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| **Carer Household** | | | | | | | | |
| **Details of household** | | | | | | | | |
| **Current address:** |  | | | | | | | |
| **Phone number (landline):** |  | | | | | | | |
| **Previous address 1:** |  | | | | | **From:** |  | |
| **To:** |  | |
| **Previous address 2:** |  | | | | | **From:** |  | |
| **To:** |  | |
| **Swimming pool:** | Yes/No | | | | | | | |
| **Details of any pets or other animals:** |  | | | | | | | |
| **No. of authorised carers residing at the home:** |  | **No. of carer  applicants:** | |  | **No. of household members:** | | |  |
| **Household reviews** | | | | | | | | |
| **Date of last review:** |  | | **Location:** | | | |  | |
| **Attendance:** |  | | **Next review due:** | | | |  | |
| **Notes:** | | | | | | | | |
| **Additional household information** | | | | | | | | |
| *(Family and community connections; cultural and religious considerations; geographical considerations; and any known risks associated with the property, e.g. proximity to a busy road).* | | | | | | | | |
| **Notes:** | | | | | | | | |

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| **Authorised carer/carer applicant** | | | | | | | |
| **Details of authorised carer/carer applicant** | | | | | | | |
| **Carer name:** |  | | | | | **DOB:** |  |
| **Also/previously known as:** |  | | | | | | |
| **Email:** |  | | | **Mobile:** | | |  |
| **WWCC number:** |  | | **WWCC expiry date:** | | | |  |
| **History of authorised carer/carer applicant** | | | | | | | |
| **Carer application date:** |  | **Carer authorisation date:** | | | | |  |
| **Training frequency and records of participation:** |  | | | | | | |
| **Reportable allegation matters:**  **File location and/or reference:** | Yes/No | | | | | | |
| **Known associations with other  designated agencies**  (previous and current): |  | | | | **From:**  **To:** | |  |
|  | | | | **From:**  **To:** | |  |
|  | | | | **From:**  **To:** | |  |
| **Additional information** | | | | | | | |
| * *Details of any current and/or previous authorisations including dates of authorisation, reason for any suspension, cancellation or surrender of authorisation* * *Details of any previous suitability and probity checks* * *If association with other designated agency has ended, reason for departure* * *Current/previous conditions of authorisation, type of care, age range, authorisation type, general suitability, placement restrictions* * *Any information that may relate to the safety, welfare or wellbeing of a child in out of home care, or children in out of home care more generally* * *Carer conduct (previous, current and foreseeable) such as strengths, willingness to work within the organisational policies and any issues or concerns* * *Copies of performance reviews and risk assessments* | | | | | | | |
| **Notes:** | | | | | | | |

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| **Household member (or other people) information** | | | | | |
| * *Details of current and/or previous household members including relationship, length and frequency of stay, ‘also known as’ names, and any concerns* * *Details of any other people that frequent the house or maintain a relevant relationship to a carer or household member i.e. natural or adult children not living in the house (outside the definition of household members)* * *Any information that may relate to the safety, welfare or wellbeing of a child in out of home care, or children in out of home care more generally* * *Include all children, young people and adult household members* * *Exclude children and young people in statutory, supported or voluntary OOHC.* ***Note:*** *If they continue to reside in a carer’s home after they turn 18, they should be included as household members and are required to complete relevant probity checks at that time* * *Household member conduct* | | | | | |
| **Name:** |  | | | **DOB:** |  |
| **Also/previously known as:** |  | **Relationship to carer** | | |  |
| **WWCC number:** |  | **WWCC expiry date:** | | |  |
| **Date joined household:** |  | **Frequency of stay:** | | |  |
| **Reportable allegation matters:**  **File location and/or reference:** | Yes/No | | | | |
| **Known associations with other  designated agencies**  (previous and current: |  | | **From:**  **To:** | |  |
|  | | **From:**  **To:** | |  |
|  | | **From:**  **To:** | |  |
| **Notes:** | | | | | |

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| **Details of current and previous placements**  Include children and young people in statutory, supported or voluntary OOHC, placed in this household  (**Only non-identifying information to be exchanged**). | | | | | | | |
| **Child’s DOB:** |  | **Start date:** |  | | **End date:** | |  |
| **Reason for placement ending** (if applicable): | | |  | | | | |
| **Type of care:**  (long term, short term, emergency respite): | | |  | | | | |
| **Location of case file**  (physical location or electronic file reference): | | |  | | | | |
| **Notes:** | | | | | | | |
|  | | | | | | | |
| **Child’s DOB:** |  | **Start date:** |  | **End date:** | |  | |
| **Reason for placement ending** (if applicable)**:** | | |  | | | | |
| **Type of care**  (long term, short term, emergency respite): | | |  | | | | |
| **Location of case file**  (physical location or electronic file reference): | | |  | | | | |
| **Notes:** | | | | | | | |
|  | | | | | | | |
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| **Reason for placement ending** (if applicable)**:** | | |  | | | | |
| **Type of care**  (long term, short term, emergency respite): | | |  | | | | |
| **Location of case file**  (physical location or electronic file reference): | | |  | | | | |
| **Notes:** | | | | | | | |
|  | | | | | | | |
| **Child’s DOB:** |  | **Start date:** |  | **End date:** | |  | |
| **Reason for placement ending** (if applicable)**:** | | |  | | | | |
| **Type of care**  (long term, short term, emergency respite): | | |  | | | | |
| **Location of case file**  (physical location or electronic file reference): | | |  | | | | |
| **Notes:** | | | | | | | |

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