**Provisional Authorisation Requirements**

A designated agency may provisionally authorise an individual:

* in an **emergency**, *and*
* if the individual is a **relative, kinship or person known to the child or young person**, *and*
* the individual has the intent to apply for full carer authorisation*[[1]](#footnote-1)*

**Provisional Authorisation Checklist**

* The emergency scenario is documented on file
* The carer is a relative/kin or known to the C/YP and is documented on file

If both boxes are not applicable this is not a provisional authorisation – do not proceed

**Provisional authorisation commencement:**

* Provisional authorisation start date is the date the child is placed with the provisional carer
* A provisional suitability/risk assessment has been completed
* A provisional home inspection (with a satisfactory outcome) has been completed

**As soon as practicable:**

* An emergency rational has been noted and a relative, kin or person known to the child has been documented on file after the provisional authorisation start date.
* Assessment recommendation rational, details whether the provisional authorisation is recommended or not

**WWCC Requirements:**

* Working with Children Check (or application) has been validated for all carer applicants and all adult household members (within 5 working days of placement start date)

**Carers Register:**

* The provisional authorisation has been added to the Carers Register

**Provisional Authorisation Approval**

* The Principal Officer has approved and signed the Provisional Authorisation letter to be sent to carer applicant, detailing Provisional Authorisation decisions
* If Provisional Authorisation is not recommended a letter is sent to prospective carer detailing the decision

**Full Authorisation**

* The Provisional Carer has applied for full authorisation
* The full authorisation will be completed within 3 months of the provisional authorisation start date
* A full authorisation letter will be sent to Carer applicant signed by Principal Officer, detailing authorisation conditions

**Provisional Authorisation Report**

**Household Details**

|  |
| --- |
| **Address** |
|  |

**Provisional Carer details**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Carer Applicant (1)** | | | | | | | | |
| Name | *As detailed on formal identification that will be used for WWCC* | | | | | | | |
| Other names | *Known as or previously known as* | | | | | | | |
| DOB |  | | Gender | *Male / Female / X* | | | | |
| Identifies as Aboriginal or Torres Strait Islander | | | | *Yes/No/Both* | | | | |
| Phone |  | | Email |  | | | | |
| WWCC | *Clearance or Application number* | | | | | | | |
|  | | | | | | | | |
| **Carer Applicant (2)** | | | | | | | | |
| Name | *As detailed on formal identification that will be used for WWCC* | | | | | | | |
| Other names | *Known as or previously known as* | | | | | | | |
| DOB |  | | Gender | *Male / Female / X* | | | | |
| Identifies as Aboriginal or Torres Strait Islander | | | | *Yes / No / Both* | | | | |
| Phone |  | | Email |  | | | | |
| WWCC | *Clearance or Application number* | | | | | | | |
| *Add additional if required*  **Adult Household Member details** | | | | | | | | |
| **Adult Household Member (1)** | | | | | | | | |
| Name | *As detailed on formal identification that will be used for WWCC* | | | | | | | |
| DOB |  | WWCC | | *Clearance or Application number* | | | | |
| Identifies as Aboriginal or Torres Strait Islander | | | | *Yes/No/Both* | | Gender | *Male/Female/ X* | |
|  | | | | | | | | |
| **Adult Household Member (2)** | | | | | | | | |
| Name | *As detailed on formal identification that will be used for WWCC* | | | | | | | |
| DOB |  | | WWCC | *Clearance or Application number* | | | | |
| Identifies as Aboriginal or Torres Strait Islander | | | | *Yes/No/Both* | Gender | | *Male/Female/ X* | |
| *Add additional if required*  **<18 Household Member details** | | | | | | | | |
| **Household Member (1)** *under 18 years* | | | | | | | | |
| Name |  | | | | | DOB | |  |
| Identifies as Aboriginal or Torres Strait Islander | | | | *Yes/No/Both* | | Gender | | *Male/Female/ X* |
|  | | | | | | | | |
| **Household Member (2)** *under 18 years* | | | | | | | | |
| Name |  | | | | | DOB | |  |
| Identifies as Aboriginal or Torres Strait Islander | | | | *Yes/No/Both* | | Gender | | *Male/Female/ X* |
| *Add additional if required* | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Child/young people to be placed (1)** | | | |
| Name |  | DOB |  |
| Placement history |  | | |
| Family profile | *Parents, siblings, extended family, contact, risks* | | |
| Relationship to carer | * *Relative or family member of the child or young person: grandparents, aunt or uncle, sibling, cousin* * *Kin or known person is someone who shares a significant connection with the child based on identity, culture or emotional attachment: close family friend, a child/young person’s friends’ parent* * Length and quality of pre-existing relationship with child/ren * *XXXXX* * *XXXXXX* | | |
| Emergency details | *Describe the emergency – placement breakdown, prevent the C/YP going into foster or residential care, child protection reasons*   * *XXXXX* * *XXXXXX* | | |
| Immediate care needs | *Immediate needs, education, emotional, health, interests, social peer groups, risks*   * *XXXXX* * *XXXXXX* | | |
| Other |  | | |

*Add additional if more than one child or young person to be placed*

**Household Inspection** *(provisional basis)*

An inspection of the home that determines that it will provide a safe and secure environment for the child or young person entering the placement.

The provisional household inspection considers:

* *Household description, type of dwelling, size*
* *The home is safe, clean, comfortable and secure*
* *There is enough space in the home for the child*
* *If home has a pool - valid Pool Compliance Certificate provided?*
* *(If there are firearms on the property) Relevant firearm licences not provide?*
* *Are there any risks identified – can the known risks be mitigated*
* *XXXXX*
* *XXXXXX*

**Household inspection date:**

**Detail household inspection and outcome:**

*Enter detail*

**Suitability/risk assessment** *(provisional basis)*

This suitability and capacity assessment considers:

* C/YP to be placed: profile, care needs, behaviours and/or risks
* the carer applicant/s is capable and suitable to be an authorised carer
* any apparent or potential risks or issues of concern, can the known risks be mitigated  
  *i.e. abuse and neglect – keeping C/YP safe – Alcohol and drugs - household profile -family dynamics - household members - other CYP in care – behaviour support*
* *XXXXX*
* *XXXXXX*

**Assessment date:**

**Assessment details:**

*Enter detail*

**Provisional Authorisation Support**

* *Are there any additional supports required?*
* *Action to be taken after provisional authorisation date*
* *Include emergency contact details if the carer has any issues/concerns*
* *XXXXX*
* *XXXXXX*

**Provisional Authorisation Recommendation Decision**

* Yes, the prospective carer is recommended to be provisionally authorised
* If NO, and the child or young person has self-placed, is this a Helpline report?

Detail recommendation:

* *Detail why provisional authorisation is or is not recommended*
* *Proposed commencement date (if placement has not already commenced)*
* *XXXXX*
* *XXXXXX*

|  |  |
| --- | --- |
| **Provisional Authorisation commencement date**  *date the child / young person placed* |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Assessor detail (1)** | | | | | | | |
| Name |  | | | | | | |
| Position / Role |  | | | Location | | |  |
| Phone |  | Email |  | | | | |
|  | | | | | | | |
| **Assessor detail (2)** | | | | | | | |
| Name |  | | | | | | |
| Position / Role |  | | | | | | |
| Phone |  | Email |  | | | | |
|  | | | | | | | |
| **Principal Officer (or delegated approved by the OCG)** | | | | | | | |
| Name |  | | | | | | |
| Signature |  | | | | Date |  | |

1. Refer to Children and Young Person (Care and Protection) Regulation clauses 31 and 86F and section 6 of the Carers Register Guidance Notes [↑](#footnote-ref-1)