

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

# Who is this form for?

This form is for designated agencies to request a Community Services check for people 16 years or over applying to become a foster carer or a foster carer household member through a designated agency accredited to provide statutory out-of-home care in NSW.

This form is **not** for

* + - * Department of Communities and Justice (DCJ) carers transferring to your agency
      * guardianship and adoption applications
      * residential care worker or employees
      * restoration or family contact risk assessments
      * carer reviews.

Please talk to your local DCJ office for assistance with the above.

Some children who have lived with an authorised carer prior to turning 16 or 18 years of age are exempt from having a CS check. You can refer to Schedule 2, Section 3, 5(b) of the *Children and Young Persons (Care and Protection) Regulation 2012* to see if this applies to your case.

# Where to send this form

* All probity checks for the applicant must be completed before lodging this application
* Applications for multiple applicants in one household should be sent in a single email
* Use one application form per applicant
* You can attach extra pages if mores space is needed
* You must compete all sections for your application to be accepted

The designated agency should email this application to the inbox: [CSCheck@facs.nsw.gov.au](mailto:CSCheck@facs.nsw.gov.au). If you have any questions, please contact us on (02) 9716 3488 or at the above mailbox.

# Frequently Asked Questions

*How will the information on this application be used?*

Information about the applicant on our database may be held within a large range of different types of records. We use the details on the application form (addresses, children’s names, dates of contact) to conduct extensive searches of DCJ electronic and paper-based records. This lets us provide you with information you need to undertake an accurate and comprehensive assessment of the applicant.

*My request is urgent. What should I do?*

Please let us know if your requests meets one of the following options below for prioritisation and we will try our best to accommodate this:

The applicant is being assessed for a child/young person currently in an alternative care arrangement, an emergency placement or a placement at risk of breakdown

Preferred response timeframe:

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| **1. Information about the agency responsible for this application** | |
| Agency Name: | Contact person: |
| Phone number: | Email address: |
| By ticking this box, I acknowledge that I have read the above page and meet the requirements to make this application. | |

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| **2. Information about the applicant** | |
| Applicant’s name (first name, surname): | |
| Aliases, previous names or maiden names: | |
| Date of birth: | |
| Does the applicant identify as Aboriginal or Torres Strait Islander?  Aboriginal  Torres Strait Islander  Both  Neither | |
| Applicant’s current address: | |
| Previous address history for the past ten years | Dates lived there (mm/yyyy – mm/yyyy) |
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| **3. Carer or household member information** |
| 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): |
| If this application is for a household member, who is the authorised carer for this household?:  Name:       Date of birth:  This applicant is a  regular visitor – date they started visiting with the carer  household resident – date they started living with the carer |

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| **4. Applicant’s biological or adopted children**  *If there are no children, please write ‘nil’.* | **Dates lived with the applicant (mm/yyyy – mm/yyyy)** |
| Name:        Date of birth: |  |
| Name:        Date of birth: |  |
| Name:        Date of birth: |  |
| Name:        Date of birth: |  |

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| **5. Children** **the applicant has previously cared for or are caring for** (respite, kinship, foster care, babysitting etc)  *If there are no children, please write ‘nil’.* | **Dates they were cared for by the applicant (mm/yyyy – mm/yyyy)** |
| Name:        Date of birth: |  |
| Name:        Date of birth: |  |
| Name:        Date of birth: |  |
| Name:        Date of birth: |  |

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| --- | --- |
| 1. **Applicant’s siblings** (including step-siblings etc)   *If there are no siblings, please write ‘nil’.* | **Dates lived with the applicant (mm/yyyy – mm/yyyy)** |
| Name:        Date of birth: |  |
| Name:        Date of birth: |  |
| Name:        Date of birth: |  |
| Name:        Date of birth: |  |