

Confirmation of Child Safety and Personal History Screening LCS Form 7

This form is to be completed by Directors, Managers, and people engaged in relation to the provision of care services by the service, where the person has a current valid Child Safety and Personal History Screening outcome, but this was undertaken for a different purpose (position or organisation).

In accordance with the *Child Protection Act 1999*, a person engaged by a licenced care service to provide care services must be a suitable person and hold a Blue Card/Exemption Card. A notification of Child Safety and Personal History Screening issued by the Central Screening Unit, Department of Children, Youth Justice and Multicultural Affairs is valid for 2 years.

NB: Nominees must undergo a full LCS2 Personal History Screening Check whenever a check is required, and therefore cannot submit this form in relation to their own personal history.

Privacy Notice

The Department of Children, Youth Justice and Multicultural Affairs is collecting your personal information for the purpose of assessing your ongoing suitability to provide, manage or direct licensed care services.

This information is collected under Chapter 4, Part 2 of the *Child Protection Act 1999* and Part 7 of the *Child Protection Regulation 2011* and may be given to the Queensland Police Service, Public Safety Business Agency, and Department of Transport and Main Roads. These agencies may pass your information to equivalent interstate or international agencies. In circumstances where an interstate or international child protection check is required, your personal information may be provided to the government agency responsible for child protection in other Australian states and territories and also to International Social Services Australia and the Department of Child, Youth and Family Services (New Zealand).

Your personal information will be handled in accordance with the *Information Privacy Act 2009* (Qld).

Part 1: Applicant Details

Applicant's role within organisation: (Please tick one)

- | | | | |
|---|----------------------------------|--|--|
| <input type="checkbox"/> Director | <input type="checkbox"/> Manager | <input type="checkbox"/> Residential Care Worker | <input type="checkbox"/> Other
(please specify) |
| <input type="checkbox"/> Administrative Staff | <input type="checkbox"/> Student | <input type="checkbox"/> Volunteer | |

Family Name:		First Name:	
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Middle Name/s:		Date of Birth:	
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Current Address:	Suburb:	Postcode:	
		Telephone:	

NB: (only provide previous address below if address has changed since previous Personal History Screening Check was decided)

Previous Address:	Suburb:	Postcode:	
		Telephone:	

Previous Employer Details (at time of last Notification of Child Safety and Personal History Screening):

Organisation Name:	
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Street Address	Suburb:	Postcode:	
		Telephone:	

Date Child Safety and Personal History Screening Decided (NB: if necessary confirm with relevant employer for date of last notification of Child Safety and Personal History Screening):	
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Part 2: Notification of Changes Since Previous Screening (to be completed by the applicant)

This section requests that the applicant provides details of changes which have occurred since the date of the applicant's last notification of Child Safety and Personal History Screening, including any of the following:

- *Involvement in a Standard of Care Review or Harm Report Investigation and Assessment conducted by the Department of Children, Youth Justice and Multicultural Affairs*
- *A change related to a domestic/family violence matter*
- *A change in traffic history*

Have any of the changes listed above occurred since the date of the last notification of Child Safety and Personal History Screening?

Yes

No

If "yes" was answered above, please provide details below:

Signature of Applicant:

Date:

Part 3: Nominee and Organisation Details (to be completed by the Nominee or Nominee's delegate)

Name of Nominee/Delegate:
(Please print name in full)

Signature of Nominee/Delegate:

Date:

Organisation Name:

Organisation Address:

Suburb:

Postcode:

Telephone:

MANDATORY – Email Address

(where Notification of Child Safety and Personal History Screening email will be sent):

Licence Number:

OR if service does not have a licence, provide date licence application was properly made:

Where to Send Completed Form:

Director/s

Email this completed document (marked "confidential") to CS_Licensing@cyjma.qld.gov.au or **Post** to Child Safety Licensing, Department of Children, Youth Justice and Multicultural Affairs, Locked Bag 3405, Brisbane, Qld, 4001.

Service Manager/s and other persons engaged in relation to the service

Email this completed document to csu_lcs_process@cyjma.qld.gov.au or **Post** to Central Screening Unit, Department of Children, Youth Justice and Multicultural Affairs, Locked Bag 3405, Brisbane, Qld, 4001.