



**Transfer of authorised carer
(foster/relative/kinship) from CS
to NGO**

Date completed			
Completed by			
Transferring CSC			
Details of carer 1			
Name of carer			Current address
Date of birth			Contact details
Aboriginal or Torres Strait Islander	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Cultural background			
Languages spoken at home			
Religion			
Employed	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	No <input type="checkbox"/>
Details of employer – name and address			
	Application Number	Clearance Number	Outcome
Working with Children Check (WWCC)			
KiDS Check	Date	Is the person associated with causing risk and/or harm?	If yes, date/s, details and outcomes must be provided
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Details of carer 2 (if applicable)			
Name of carer			Current address
Date of birth			Contact details
Aboriginal or Torres Strait Islander	Yes <input type="checkbox"/>	No <input type="checkbox"/>	As above
Cultural background			
Languages spoken at home			
Religion			
Employed	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	No <input type="checkbox"/>
Details of employer – name and address			

	Application number	Clearance number	Outcome	Expiry date
Working with Children Check (WWCC)				
KiDS Check	Date	Is the person associated with causing risk and/or harm?	If yes, date/s, details and outcomes must be provided	
		Yes <input type="checkbox"/> No <input type="checkbox"/>		

Other household members

Name	Date of birth	Relationship to carer	Is the person (16 yrs and over) associated with causing risk and/or harm?	If yes, date/s, details and outcomes must be provided	WWCC (18 yrs and over) (include the application number, clearance number, outcome and expiry date)
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		

Additional information

Summary of any additional concerns relating to the safety, welfare or wellbeing of a child in the care of either carer or a household member

Reportable Conduct

Checks for outstanding reportable conduct against carer/s on KiDS and regional and RCU data completed	Yes <input type="checkbox"/>	If there was a reportable conduct investigation, provide the date and outcome	
Checks for outstanding reportable conduct against carer/s with RCU completed, including phone call to RCU	Yes <input type="checkbox"/>	If there was a reportable conduct investigation, provide the date and outcome	
Checks for any finalised reportable conduct matters against carer/s on KiDS and RCU records	Yes <input type="checkbox"/>	If there is a finalised reportable conduct matter, provide the date and outcome, and attach finalisation letter (see below)	

Attachments – Foster Carers

The following documents are attached to this transfer form

Required Items

Foster carer assessment including confirmation of Aboriginal status if	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Initial training record	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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applicable									
Home safety assessment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Authorisation letter	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Medical checks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Signed Code of Conduct	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
References checks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Confirmation of Placement letter for each child/young person in placement	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Required items (if on file or on KiDS)

File note in KiDS re National Criminal History Check (NCHC) assessment decision (do not provide the NCHC)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Notifications of s149B-K decisions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Finalisation letter from Reportable Conduct Unit	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Letter to carer re any suspensions, de-authorisations and changes in authorisation conditions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Carer development plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Decisions of the Administrative Decisions Tribunal (ADT)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Annual carer reviews	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Attachments – Kinship/Relative Carers

The following documents are attached to this transfer form

Required items

Relative/kin assessment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Signed Code of Conduct	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Authorisation letter	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Confirmation of Placement letter for each child/young person in placement	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Required items (if on file or on KiDS)

File note in KiDS re National Criminal History Check (NCHC) assessment decision (do not provide the NCHC)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Notifications of s149B-K decisions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Home safety assessment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Letter to carer re any suspensions, de-authorisations and changes in authorisation conditions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Medical checks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Decisions of the Administrative Decisions Tribunal (ADT)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	References checks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Finalisation letter from Reportable Conduct Unit	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Initial training record	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Carer development plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Annual carer reviews	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Approvals

Manager Casework Name and signature		Date	
CFRU Manager Client Services* Name and signature		Date	

* CFRU Manager Client Services must confirm that there is no outstanding reportable conduct investigation. All investigations must be finalised prior to transfer, which must include finalisation letter from Reportable Conduct Unit.