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| The Foster Carer Agreement is an agreement negotiated between each applicant/carers’ and the department and/or Licensed Care Service. The Foster Carer Agreement should be negotiated during the initial approval assessment, renewal of approval and where the foster carer or Child Safety staff initiates a review. |

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| **1. This Agreement is between:** | | **AND:** | |
| Managing CSSC: |  | Applicant**/**Carer 1  Name |  |
| Foster and kinship care service (if applicable) |  | Applicant**/**Carer 2  Name |  |

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| **2. Agreement phase:** | |
|  | Initial agreement (to be completed with initial assessment or prior to first placement) |
|  | Review of agreement (to be completed at the time of a carer’s renewal of approval assessment) |
|  | Additional review (at key review points, e.g. SOCR/Harm report, Change in Carer Circumstances, upon request by carer) |
| Reason for additional review: | |

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| **3. Placement Considerations:** | | | | | | | | | | | | | | | | | | | | |
| Gender: | Male  Female | | | | | | | | | | | | | | | | | | | |
| Age: | <*1* |  | *2-4* |  | *5-7* | |  | | *8-10* |  | *11-12* |  | *13-15* | |  | | *>16* | |  | |
| **Language/culture** | | | | | | | | | | | | | | | | | | | | |
| Do you speak a language other than English? | | | | | |  | |  | | | | | | | | | | | | |
| Is there a particular culture you identify with? | | | | | |  | |  | | | | | | | | | | | | |
| Is there an Aboriginal or Torres Strait Islander community or language group you identify with? | | | | | |  | |  | | | | | | | | | | | | |
| **School catchment** | | | | | | | | | | | | | | | | | | | | |
| Schools that are in your local area | | | | | | List schools | | | | | | | | | | | | | | |
| **Immunisation** | | | | | | | | | | | | | | | | | | | | |
| The Queensland Government supports immunisation of children in accordance with the National Immunisation Program Schedule. | | | | | | | | | | | | | | | | | | | | |
| Are you willing and able to follow the current vaccination schedule for a child in your care – including your children? (Child Safety will fund all scheduled vaccination costs for children placed in your care) | | | | | | | | | | | | | |  | | Yes | |  | | No |
| Have you had any immunisations as an adult? If yes, please specify: | | | | | | | | | | | | | |  | | Yes | |  | | No |
| Have you received a booster dose of the pertussis (whooping cough) vaccine in the last 10 years? | | | | | | | | | | | | | |  | | Yes | |  | | No |
| Have all children in your care been immunised in line with the National Immunisation Program Schedule? | | | | | | | | | | | | | |  | | Yes | |  | | No |
| Placement restrictions may apply where carers and their families are not immunised eg babies may not be placed with unimmunised carer families due to the risk of serious complication to newborns from whooping cough. | | | | | | | | | | | | | | | | | | | | |
| **Are there any placement types you are NOT ABLE to consider –** (consider assessment information documented in Form 3A and 3B, and carer’s training and experience) | | | | | | | | | | | | | | | | | | | | |
| Sibling Groups (3 or more children) | | | | | |  | |  | | | | | | | | | | | | |
| Complex Medical Support Needs | | | | | |  | |  | | | | | | | | | | | | |
| Disabilities | | | | | |  | |  | | | | | | | | | | | | |
| Specific Behaviours/Needs | | | | | |  | |  | | | | | | | | | | | | |
| Same day placements | | | | | |  | |  | | | | | | | | | | | | |
| After hours emergency placements | | | | | |  | |  | | | | | | | | | | | | |

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| Practical limitations (if any): eg. disability access, multiple children under 4, bedroom sharing, car capacity, flexibility of carer work commitments |

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| **4. Placements capacity:** What is the maximum number of children/young persons you are able to provide care for? | | | |
| Primary  (emergency, short/long term) |  | Respite |  |

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| **5. Development and Support Plan – other than mandatory training** | | | |
| **Applicant/Carer 1:** Areas of learning and development identified by/with the applicant/carer: | | | |
| **Learning & Development Area** | **How will these be met** | **Who will assist the carer** | **Timeframe** |
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| **Applicant/Carer 2:** Areas of learning and development identified by/with the applicant/carer: | | | |
| **Learning & Development Area** | **How will these be met** | **Who will assist the carer** | **Timeframe** |
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| **Costs associated with development and support plan** | **Approval details**  (CSSC/NGO – must be pre-approved before inclusion in this agreement) |
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| **5. Support plan and network:** |
| Are there other elements of support identified with, or needed by, the applicant/carer? (provide details of nature, frequency, responsible agency/care service) |
| Are there any supports that individual members of the applicant/carers family need or require? |

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| **6. Agreement between participants** | | |
| **Applicant/Carer 1 Signature:** |  | Date    /    / |
| **Applicant/Carer 2 Signature:** |  | Date     /    / |
| **Agency Staff name and Signature** |  | Date    /    / |
| **CSSC Manager name and Signature** |  | Date    /    / |

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| **Support options** | **Contact details** | **Other information** (detail relevant local information) |
| **Foster and Kinship Carer Support Line** | Telephone: 1300 729 309  Availability:  Monday to Friday  5:00 pm – 11:30 pm  Saturday and Sunday  7:00 am – 11:30 pm |  |
| **Foster Care Queensland (FCQ)** | Telephone: (07) 3256 6166  Email: [FCQ - fcq@fcq.com.au](mailto:fcq@fcq.com.au)  Website: [FCQ - www.fcq.com.au](http://www.fcq.com.au) |  |
| **Foster and Kinship care service** | (please fill in contact details of local service supporting applicant/carer) |  |
| **Child Safety Service Centre (CSSC)** | (please fill in contact details of local CSSC supporting applicant/carer) |  |