



Consent Form

Version 1.0 (May 2023)



Please complete and submit this form to intake@ich.org.au

(07) 3372 1711

ich.org.au

38 Sitella Street, Inala QLD 4077

PO Box 4800, Forest Lake QLD 4078

Information release consent by families receiving support from Out Of Home Care (OHC)			
Family Name (including alias)	Given Name/s	Date of Birth	Gender

Privacy Notice

- The personal information on this consent form and other family related personal information which you provide to us will be used for statistical purposes which will be shared with the Department of Communities - Child Safety Services.
- Your personal information will not be passed on to any third parties without your consent, or unless required by law or if we have concern for your safety or another persons safety.

The Department of Communities - Child Safety Services will use information from the Out Of Home Care Service for the following purposes:

- To determine the type of services families need to help them care for and nurture their foster children in a safe way
- To inform priorities for future OHC program development
- To inform level of future OHC funding provision
- To determine the safety of children.

The type of information recorded in the Out Of Home Care Service database includes:

- Family details including your usual address
- Referral details
- Case management history including case notes
- Needs assessment details
- Assistance provided/ Service referral and outcomes
- Case closure and outcomes for families.



Declaration

I/We understand:

- The information on this form and understand this Privacy Notice and the Out Of Home Care Privacy Notice.
- I/We understand that to access OHC, my/our family information will be shared with the Department of Communities - Child Safety Services and other identified agencies as initialed by me/us on this form.
- That by law, The Department of Communities - Child Safety Services and the Out Of Home Care Service may need to disclose information to others.
- That this authority, direction and consent may be withdrawn at any time by communicating to your family worker at the Family Intervention Service.

Furthermore, I/we authorise and direct you to Out Of Home Care and the specified organisations below to release and exchange family related information relevant to our case plan between this service and those organisation specified below (please initial each box as appropriate).

- Disability Services Queensland
- Department of Communities - Housing
- Health Services *(insert name and location of health service)*
- Training, education, or employment agencies *(insert name)*
- Centrelink *(insert location of service)*
- My child or children's school/s *(insert name of school)*
- Counsellor *(insert name of counsellor)*
- Domestic Violence Service *(insert name of DV service)*
- Other *(insert name)*

I acknowledge that my information will be shared with Department of Communities as part of our case management process and any other services as initialed above.

Name of Parent / Guardian (1)

Date

Sign Below

Name of Parent / Guardian (2)

Date

Sign Below

Once this from is completed, please submit to **PO Box 4800, Forest Lake QLD 4078** or email **intake@ich.org.au**