



Ngunya Jarjum Aboriginal Child & Family Network Inc.

PO Box 580, LISMORE, NSW 2480

70 Carrington Street LISMORE NSW 2480

Phone (02) 6626 3700 | Fax (02) 6622 5500

After Hours: 1800 822 863

ABN: 84 653 612 066 | ICN: 2418

CARER APPLICATION FORM A

APPLICANT 1

SURNAME:

GIVEN NAMES:

OTHER ALIAS NAME/S:

DATE OF BIRTH

CONTACT DETAILS

STREET ADDRESS:

PHONE NUMBER:

MOBILE:

EMAIL:

CULTURAL BACKGROUND:

OCCUPATION:

RELATIONSHIP TO APPLICANT 2:

APPLICANT 2

SURNAME:

GIVEN NAMES:

OTHER ALIAS NAME/S:

DATE OF BIRTH

CONTACT DETAILS

STREET ADDRESS:

PHONE NUMBER:

MOBILE:

EMAIL:

CULTURAL BACKGROUND:

OCCUPATION:

RELATIONSHIP TO APPLICANT 1:

Other people who live in your home?

(this includes all adult household members and children who reside at the premises for a period of 21 days or more)

Full Name	Date of Birth	Relationship	Gender
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____

(please note any household member over the age of 16 years will require a National Criminal Records Check and over the age of 18 years will also requires a NSW Working with Children Clearance)

Motivation and Reason for Caring for a Child in Care

Why have you decided to become a Carer?

Experience in Caring for Children and Young People

Do you have your own child / children and / or have you cared for other children?

Knowledge and Connection to the Aboriginal and Torres Strait Islander people and communities

Please describe what connection / link you have to the local Aboriginal and Torres Strait Islander Community



Please describe your home environment

How many bedrooms in your Household?

Number: _____

Do you have enough bedroom space for other children?

Do you own your home or Rent Privately

Do you live in a residential or rural area?

Do you have a swimming pool or dam?

** if you have a pool please provide a copy of your Pool Registration Certificate and Pool Compliance Certificate*

Please Note: All potential carers are required to undergo a household safety check

EMPLOYMENT

Applicant 1

Are you currently employed? YES NO

If yes, please provide employment details and hours of work per week:

Applicant 2

Are you currently employed? YES NO

If yes, please provide employment details and hours of work per week:



Transport

Vehicle

Do you have a current Drivers Licence? YES NO

If yes, please provide Licence Number Applicant 1: _____

Applicant 2: _____

Do you own your own Motor Vehicle? YES NO

Do you have Comprehensive Insurance for your Vehicle? YES NO

(if yes, please provide a copy of your Comprehensive Insurance Policy)

Public Transport

Are you close to public transport? YES NO

Health Status

(please note that potential carers are now required to complete the Carer Medical Questionnaire)

Have you had a Medical Health Check in the past 12 months Applicant 1: YES / NO

(at your local AMS or GP)

Applicant 2: YES / NO

(if yes, please provide a copy to the Ngunya Jarjum Foster Care Team)

References

(Please give the names of two (2) people that can give you a reference and aren't related to you, one (1) of the references must be Aboriginal & Torres Strait Islander (ATSI), and acknowledged throughout their community)

Reference 1

Name: _____

Contact Details: _____

Relationship: _____

Reference 2

Name: _____

Contact Details: _____

Relationship: _____

** if two (2) applicants, References can indicate they relate to both applicants*



TYPES OF CARERS REQUIRED

Ngunya Jarjum provides care for a range of Children and Young People to the age of 18
Our Children and Young People require various types of care.

Short Term	<input type="text"/>	Long Term	<input type="text"/>
Respite	0 - 4 Years <input type="text"/>	Crisis / Emergency	<input type="text"/>
	5 - 13 Years <input type="text"/>	(all ages)	
	14 - 17 Years <input type="text"/>		

Ngunya Jarjum also provided care for a range of high needs children and young people
these include children and young people with behavioural, medical and a range of other needs

Would you be willing to discuss the possibility of caring for a child / young person with high needs:

YES NO

Agreement

I hereby provide consent to Ngunya Jarjum to undertake the necessary compliance and safety checks in accordance with legislative requirements and the NSW Carer's Register. These checks include National Criminal History Check, Working with Children Check and FACS Check.

I / We agree that I / We have not provided any false or misleading information. This includes details / checks on adult household members who are residing in the home and reference checks.

Applicant 1: Name: _____ Signature: _____ Date: / / 20

Applicant 2: Name: _____ Signature: _____ Date: / / 20



Office use only:

Received by: _____

Date: _____

Allocated to: _____

Date: _____

