



CARE LEAVER APPLICATION FOR ACCESS TO RECORDS HELD BY COMMUNITY SERVICES

1 HOW CAN WE CONTACT YOU?

Family name: _____ Title: (Mr/Mrs/Ms/Miss/Other): _____
 Given name(s): _____
 Address: _____
 Postcode: _____ Telephone: Home: () _____ Work/mobile () _____

2 INFORMATION ABOUT YOU

It will help us to find records about your time in care if you can provide as much information about yourself as possible. Don't worry if you can't remember the exact dates - just put an estimate.

BIRTH DATE:

YOUR NAME (OR NAMES YOU WERE KNOWN BY) WHEN YOU WERE IN CARE:

FOSTER PARENTS YOU LIVED WITH:

Name	<input type="text"/>	Town/suburb	<input type="text"/>	Years	<input type="text" value="19"/> - <input type="text" value="19"/>
Name	<input type="text"/>	Town/suburb	<input type="text"/>	Years	<input type="text" value="19"/> - <input type="text" value="19"/>
Name	<input type="text"/>	Town/suburb	<input type="text"/>	Years	<input type="text" value="19"/> - <input type="text" value="19"/>
Name	<input type="text"/>	Town/suburb	<input type="text"/>	Years	<input type="text" value="19"/> - <input type="text" value="19"/>
Name	<input type="text"/>	Town/suburb	<input type="text"/>	Years	<input type="text" value="19"/> - <input type="text" value="19"/>

CHILDREN'S HOMES YOU LIVED IN (if applicable):

Name	<input type="text"/>	Town/suburb	<input type="text"/>	Years	<input type="text" value="19"/> - <input type="text" value="19"/>
Name	<input type="text"/>	Town/suburb	<input type="text"/>	Years	<input type="text" value="19"/> - <input type="text" value="19"/>
Name	<input type="text"/>	Town/suburb	<input type="text"/>	Years	<input type="text" value="19"/> - <input type="text" value="19"/>
Name	<input type="text"/>	Town/suburb	<input type="text"/>	Years	<input type="text" value="19"/> - <input type="text" value="19"/>
Name	<input type="text"/>	Town/suburb	<input type="text"/>	Years	<input type="text" value="19"/> - <input type="text" value="19"/>

3 INFORMATION ABOUT YOUR FAMILY

It might help us to find records about you if we have information about your parents, brothers or sisters. Don't worry if you can't remember exact dates - just put an estimate. If you require extra space for your response please attach a page to this form.

MOTHER'S NAME: Birth date: / /

FATHER'S NAME: Birth date: / /

BROTHERS/SISTERS:

1. Name Birth date / /

Foster parents/homes where they lived

2. Name Birth date / /

Foster parents/homes where they lived

3. Name Birth date / /

Foster parents/homes where they lived

4. Name Birth date / /

Foster parents/homes where they lived

4 PROOF OF YOUR IDENTITY

Before we can begin a search for records we need to have proof of your identity.

A. Please provide a photocopy of one of the following documents as proof of your identity:

- Birth certificate
- Driver's licence
- Health care card
- Passport

B. The name used in the records will be the name/s you had when you were in care. If your name has changed, we will need to have proof that you are this person. Please provide a photocopy of one of the following documents (or any other appropriate document showing evidence of your name change):

- Change of Name Certificate
- Marriage Certificate

5 POSTAL OPTION

Please select one of the following postal options (*regular post will be used if you do not tick a box*):

- Regular post (delivered to your mail box or post office box)
- Express Post (next day delivery, no signature required)
- Registered (anyone at the postal address can collect records)
- Person to Person Registered (only the applicant can receive records)
- Other (please specify)

6 LODGING THIS APPLICATION

There is no charge to see records about your time in care.

If you live in **NSW** you can:

- Take this form (and your proof of identity) to your local Community Services Centre

If you live **outside NSW** post this form (and your proof of identity) to:

Care Leaver Records Access Unit
Community Services
Department of Human Services
Locked Bag 4028
ASHFIELD NSW 2131

7 ANY QUESTIONS?

If you have any questions about your application please contact the Care Leaver Records Access Unit on (02) 9716 2500.

8 YOUR SIGNATURE

I have attached proof of my identity (ie Driver's Licence, Health Care card, passport, etc.)

Signature: _____ Date: ____/____/____