



Long Term Guardianship (Specified Person)

Application to the Chief Executive to seek a long term guardianship order

This form is to be used by an approved carer who would like to apply to become a guardian of a child who has been in their care for at least two years. Please make sure all sections of the form are completed before emailing it to longtermguardianship@sa.gov.au or submit it to the DCP office responsible for the case management of the child in your care.

Child's full name:			
DOB:		Age:	
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male		
Case manager/Supervisor:		Families SA hub/office:	
Period of time the child has been in your care:		Type of order currently in place:	
Carer 1 Full name:			
DOB:		Age:	
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male		
Address:		Contact number	(h)
			(m)
Carer type:	<input type="checkbox"/> Kinship <input type="checkbox"/> Foster carer <input type="checkbox"/> Specific Child Only		
Carer 2 Full name:			
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male		
DOB:		Age:	
Address:		Contact number	(h)
			(m)
Carer type:	<input type="checkbox"/> Kinship <input type="checkbox"/> Foster carer <input type="checkbox"/> Specific Child Only		



Reasons for the application

State briefly the reasons why you are interested in pursuing Long Term Guardianship (Specified Person). Please only provide brief details, including any request you have made previously. You will be invited to attend a meeting to assess if your application should proceed to Phase 2.

Your plans for the child

State briefly your perspective around family contact and any existing or future arrangements you are willing to make to allow the child to maintain contact with the birth family and if applicable, their culture and community of origin. Provide brief details of your current and future support networks you will use to cover your child's needs if Long Term Guardianship (Specified Person) is granted.



Phase 1 Assessment Criteria

Applications will not proceed to Phase 2 unless applicants have met the Phase 1 assessment criteria. Please discuss these requirements with your case manager before completing this form and make sure you are provided with all the relevant information about what *Long Term Guardianship (Specified Person)* will mean for the child in your care, you and your family.

General	Yes / No
The carer, child (if appropriate) and birth family have been informed about the Long Term Guardianship (Specified Person) assessment process, rights and responsibilities of the long term guardians, support available post Long Term Guardianship. Carer has expressed their interest in pursuing Long Term Guardianship.	
The child	
The child has been under the care of the prospective guardian for at least 2 years (where multiple biological siblings live in the same placement, case managers should consider if Long Term Guardianship (Specified Person) is viable and/or should be sought for all children at the same time).	
A close, positive, preferential relationship has been observed between the carer and the child	
The child's views in relation to their carer becoming their guardian have been sought (where age appropriate) and the child has stated they would like their carer to be their guardian.	
The child has a current Annual review Recommendation Report	
The child has a current case plan.	
A viewpoint questionnaire completed in the last 12 months.	
The carer	
The carer is an approved carer and their registration and DCSI Child related employment screening is current.	
There are no substantiated serious care concerns or significant patterns of substantiated moderate care concerns recorded against the carer in relation to their care of any child, during the last 2 years.	
The carer has verbally stated their commitment to care for the child on a permanent basis.	
The carer has demonstrated and is willing to support and allow the child to maintain their connection with the birth family into the future (face to face, phone, email or any other means) where safe and appropriate to do so.	
The carer has demonstrated their willingness and ability to support and maintain the child's connection with their culture of origin (where applicable)	



If Long Term Guardianship (Specified Person) is granted, it is anticipated that the carer will be able to continue to manage the day to day needs for the child and no case management will be required from the Department for Child Protection.

I have read and understand the Long Term Guardianship (Specified Person) Phase 1 Assessment Criteria and Long Term Guardianship (Specified Person) brochure.

Applicant's 1 Name:		Signature:	
Applicant's 2 Name:		Signature:	
Date:			
Received by (case manager's/supervisor's name):		Signature:	
Date:			

Once completed, please email this form to longtermguardianship@sa.gov.au or submit it to the DCP office responsible for the case management of the child in your care. As part of the screening and assessment process, you will be required to undergo medical checks. Please discuss with your case manager for further detail.

Where applicable, one form is to be completed for each child. Keep a copy of this form for your own records.

Your application will be reviewed and a response in writing will be sent to you within the next four weeks of receipt of this document.

Please note that an application to the Chief Executive **DOES NOT** guarantee Long Term Guardianship (Specified Person) will be pursued.

Office Use Only:

Comments:

Future review date (where applicable):