



Department for Child Protection
and Family Support

Department of Health

BILATERAL SCHEDULE

**Interagency Collaborative Processes on Potential Relinquishment
of Unborn or Newborn Baby for Adoption**

between

**Department for Child Protection and Family Support
and WA Health¹**

2015

*(replaces Reciprocal Procedure between King Edward Memorial Hospital, Crisis
Care Unit, and Family Information and Adoption Services, 29 September 2010)*

¹ WA Health incorporates the following entities: Department of Health, Metropolitan Health Services, WA Country Health Service, Peel Health Service and their successors.

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1 PURPOSE

This *Bilateral Schedule on Interagency Collaborative Processes on Potential Relinquishment of Unborn or Newborn Baby for Adoption* - formalises the partnership and facilitates interagency collaborative processes between WA Health and the Department for Child Protection and Family Support (CPFS) when an unborn or newborn baby is identified as a potential relinquishment by the birth parent/s for the purpose of adoption in Western Australia.

This document is a Bilateral Schedule to the Strategic Bilateral Memorandum of Understanding between CPFS and WA Health dated 30 June 2011.

2 LEGISLATIVE BASIS

CPFS is the statutory agency in Western Australia (WA) with responsibility for promoting the wellbeing of babies, other individuals, families and communities and providing for the protection and care of babies in certain circumstances under the *Children and Community Services Act 2004* (CCS Act).

CPFS also has responsibility under the *Adoption Act 1994* (Adoption Act) for local and intercountry adoptions and the provision of post adoption services in WA.

In carrying out its statutory responsibilities, CPFS is guided by legislation on the out-of-home care placement of certain children, including by Schedule 2A of the Adoption Act in respect of the adoption of Aboriginal or Torres Strait Islander children.

3 DEFINITIONS

For the purposes of this Bilateral Schedule, the following definitions apply:

Assessment – a process that includes all parties contributing information about the individual's or family's history with the respective service / agency; shared responsibility for the analysis of information; and decision making in regards to the assessment outcome.

Birth parent / birth mother / mother / birth father / father – refers to the child's biological mother and / or biological father.

Child – as defined in section 3 of the CCS Act and section 4 of the Adoption Act.

Note: for the purpose of this Bilateral Schedule, child refers to an infant or newborn baby.

Integrated / collaborative response – a partnership between services / agencies to work together towards a common goal.

Parental responsibility – all the duties, powers, responsibilities and authority which, by law, parents have in relation to their babies.

Pre-adoptive foster care – out-of-home care placement arrangement for a baby during the prospective relinquishment process.

Relinquishment – a birth parent surrendering the rights of parental responsibility permanently for the purpose of the child to be adopted by someone else.

Schedule– the formalised partnership as outlined in this document.

4 PRACTICE PRINCIPLES

- The best interest of the child is the paramount consideration, and the special vulnerability of newborns requires extra vigilance when assessing his or her safety during the relinquishment process.
- Wherever possible, babies are to remain in the care of their birth parents / family.
- Wherever possible, consent should be obtained from birth parent/s prior to sharing information between agencies.
- The relinquishment process for adoption must be accessible, available, clear and easy to understand for all parties involved.
- The birth parent/s should participate in the planning and decision making processes for the adoption of their baby.
- The health and welfare needs of the birth mother and newborn must be given consideration in planning.

5 ROLES AND RESPONSIBILITIES

CPFS and WA Health have joint responsibility for achieving safe outcomes for newborns and families. As adoption is a sensitive area with differing moral boundaries in the community, CPFS and WA Health workers must maintain a professional approach.

Birth parents (including single parents) may consider adoption as an option for their babies due to various reasons such as their age, undesired pregnancy, financial and/or social hardship, cultural or religious beliefs and medical, physical or mental disability that makes raising a child difficult without relevant support.

5.1 CPFS

CPFS, through the Service Delivery Practice Unit (SDPU), is responsible for carrying out the formal requirements of the adoption relinquishment process including:

- Case management of hospital referrals.
- The provision of clear information about the adoption relinquishment process to birth parents.
- The provision of clear guidelines to WA Health, Crisis Care Unit and CPFS district offices on the adoption relinquishment process.

SDPU child protection workers work general office hours from Monday to Friday. If a baby is born over the weekend or after hours, the SDPU child protection worker will

respond on the next available working day. For afterhours assistance, hospital staff should contact the CPFS Crisis Care Unit.

5.1.1 Crisis Care Unit (CCU)

CCU is the afterhours point of contact for CPFS. CCU provides information, advice, support and intervention for babies and people in crises and needing urgent help. It provides a direct response within the metropolitan area, and a consultation and liaison service across the state. CCU must be contacted when the hospital identifies a child protection concern outside of normal working hours.

Where a potential relinquishment of a baby for the purpose of adoption arises after hours, CCU can provide telephone contact and support to the birth parent if required. CCU will refer all such cases to SDPU as soon as possible.

CCU does not have the authority to carry out the formal requirements of the adoption relinquishment process as this responsibility rests with the designated CPFS child protection workers.

5.2 WA Health hospital care

WA Health is primarily concerned with the health needs of the pregnant woman and her unborn baby or newborn. General hospital care is provided for women experiencing an uncomplicated or 'low-risk' pregnancy who do not require tertiary specialist services.

General hospital care is offered at the public hospital closest to a woman's home which provides obstetric and maternity services, and is usually provided by midwives, hospital employed doctors and/or General Practitioners (GP).

Secondary hospitals, such as Regional Resource Centres in country WA, provide services for women experiencing complicated pregnancies where medical specialists are available for women and babies.

Tertiary care in WA is provided at King Edward Memorial Hospital (KEMH) in Subiaco, Perth. Women assessed as having a 'high-risk' of pregnancy complications and who require on-going specialised obstetric care will be referred by their GP or obstetrician to KEMH for tertiary care.

Where it is identified that a newborn baby may be relinquished for adoption, the hospital's Social Work Department or Director of Nursing/Senior Midwife will contact and liaise with CPFS.

6 COLLABORATIVE PROCESSES

The collaborative process commences as soon as a referral about a potential relinquishment of a newborn (or unborn) baby is made to CPFS. It is the responsibility of CPFS staff to clarify the immediate actions required by WA Health.

Clear guidelines on agency protocols and the relinquishment process of a baby for adoption, including relevant forms and information material, should be updated and shared between CPFS and WA Health.

Interagency consultations and discussions also enable professionals with particular expertise to share information and identify concerns (if any) in relation to the birth parent/s (particularly the mother) and newborn (or unborn) baby.

6.1 Initial contact and referral

On a birth mother's admission to hospital before the baby is born, if the mother has not previously contacted CPFS, the hospital social worker or Director of Nursing/Senior Midwife will seek permission from the birth mother for a pre-adoption referral to be made to CPFS (through SDPU) so that information gathering, discussion and case planning can commence.

If the parent/s do not provide the hospital with consent for a referral to CPFS, but wish to continue with the relinquishment process, the referral to CPFS must indicate that consent has not been provided.

The birth mother (and birth father if applicable) should be informed by either agency that the arrangement to relinquish a child for adoption is a legal process and can only be made through CPFS. The parent/s should be encouraged by either agency (CPFS or WA Health) to receive counseling to help with the decision making.

If requested, the hospital social worker can provide the birth mother and/or father with a copy of *Considering Adoption for Your Child*, and inform them that a CPFS child protection worker will explain the adoption process as required.

For metropolitan cases, a SDPU child protection worker will make contact with the birth mother. For regional / country cases, the SDPU (team leader or delegated SDPU staff) will contact the local CPFS district office to provide guidance with the adoption process, including placement arrangements.

The district office will assign a local CPFS child protection worker to liaise with SDPU, the local hospital and the family.

6.1.1 Gathering of information - CPFS child protection worker

- ☐ Liaise with the hospital social worker or Director of Nursing/Senior Midwife in the first instance to gather background information.
- ☐ Provide a brief on the relinquishment process including discharge plans and if applicable, pre-discharge visits by a CPFS foster carer.

6.2 Adoption information and support services for birth parents

The CPFS child protection worker must provide the birth parent/s with the following information and/or services* as per the Adoption Act and CPFS policy and practice.

6.2.1 Action by CPFS child protection worker or delegated officer

- ☐ Explain in lay person's terms the relinquishment and adoption process.
- ☐ Provide a copy of CPFS *Considering Adoption for Your Child*.
- ☐ Provide relevant information and/or resources on available support services including counselling.
- ☐ Provide information on the matters, and in the manner, set out in Schedule 1 of the Adoption Act.
- ☐ If requested, assist with out-of-home care arrangements for the baby and explain the placement protocols including contact and visits.
- ☐ If applicable, arrange for birth parent/s to sign the CPFS *Placement Authority Form* (refer to Appendix One).
- ☐ Provide the birth parents access to the baby where appropriate.
- ☐ Notify about the options regarding the baby's hand/footprints and mementoes.

* Section 16(2) of the Adoption Act stipulates that these services must commence within 7 days of the parent/s requesting about relinquishing their child for adoption.

6.3 Afterhours contact

The nature of the afterhours role of CCU is to provide support (by telephone) to the birth mother encouraging her to remain in hospital until a CPFS child protection worker can follow up.

A visit to the birth mother in a metropolitan hospital may be considered by CCU on a case by case basis. CCU to encourage and assist the birth mother to complete and sign the CPFS *Placement Authority Form* and obtain the mother's contact details for the CPFS district office.

6.3.1 CPFS afterhours role

If, at the time of presentation, the mother is:

- ☐ not known to CPFS and CCU assesses as a child protection matter, CCU will refer the matter to the relevant district office (the district will contact SDPU for adoption matters); or
- ☐ not known to CPFS and CCU assesses as an adoption matter, CCU will provide family support and notify SDPU; or
- ☐ known to CPFS, CCU will inform SDPU; or
- ☐ known to CPFS and child protection issues arise, CCU will refer to the relevant CPFS district office and notify SDPU.

6.4 Planned relinquishment of baby

A planned relinquishment request for the purpose of adoption can occur when the hospital and/or CPFS have prior notification of the birth mother's intention to have her baby adopted by a new family. Her wishes for the newborn to be placed into out-of-home care from birth would also have been considered.

If the baby is born at a metropolitan hospital, the SDPU child protection worker will meet with the birth mother there. If it is a regional / country hospital, the local CPFS district child protection worker will meet the birth mother at the local hospital.

The birth mother (and birth father, if applicable) may take the baby home while considering the child's adoption. Alternatively, birth parent/s can request that the baby be placed in temporary out-of-home care.

Birth parent/s are encouraged to meet with the foster carer (where appropriate) and the CPFS child protection worker can arrange for this to happen before the baby's discharge from hospital. The CPFS child protection worker will liaise with hospital staff and provide information on the arrangement and the foster carer's contact details.

6.5 Unplanned relinquishment of baby

This can occur when a request for adoption services is made without notification to either CPFS or hospital staff prior to the birth of the baby. Similar to a planned relinquishment, the birth mother can keep the baby in her care or request for out-of-home care placement for her baby while she considers her options. The mother (and the birth father, if applicable) should be offered counselling.

The birth mother may feel unable to remain in hospital after the birth of her baby. In this instance, hospital staff should encourage the mother to remain in hospital until CPFS can be contacted. If afterhours, CCU staff should be contacted.

If the birth mother insists upon leaving the hospital, but is willing to provide information, the hospital staff should:

- ☐ Obtain birth mother's contact details (address and telephone number).
- ☐ Encourage the birth mother to sign the *CPFS Placement Authority Form*.
- ☐ Forward the above documents to SDPU.

6.6 Baby's hand and/or footprints and mementoes

An out-of-home care placement is usually arranged for the baby when the birth parent/s has/have signed the *CPFS Placement Authority form*. When a CPFS out-of-home care placement is arranged for the baby, the baby's hand and/or footprints may be taken as part of the relinquishment process.

The *Placement Authority form* includes an option for the parent's consent to provide an original or a copy of the baby's hand/footprints and other mementoes to CPFS. The baby's hand/footprints and/or mementoes will be kept in the child's CPFS history

folder. If consent is not given, and CPFS requires a copy of the baby's hand/footprints and mementoes, CPFS must authorise in writing for these items. WA Health will not organise these items without written authorisation from CPFS.

Should the birth parent/s not wish to keep the hand/footprints (copy or original), the hospital will file them in the birth mother's medical records for collection if the birth parent/s change their mind in the future.

6.6.1 Action by hospital social worker or Director of Nursing/Senior Midwife

- ☐ Arrange for the baby's hand and/or footprints to be taken.
- ☐ Make a photocopy of the hand/footprints.

6.7 Out-of-home care placement arrangement

Where a CPFS out-of-home care placement is being arranged for the baby, the following actions will apply by the respective agencies.

6.7.1 Action by CPFS child protection for baby's out-of-home care placement

- ☐ Provide baby's out-of-home care placement details to the hospital including foster carer's contact details.
- ☐ Consult with relevant hospital staff (e.g. social worker, Director of Nursing or Senior Midwife) regarding post birth care of the birth mother and newborn.
- ☐ Provide the foster carer with the signed authority for the hospital to discharge the newborn into their care.
- ☐ Introduce foster carer to birth parents (if appropriate).
- ☐ Arrange for the baby to be collected by foster carer upon discharge.
- ☐ Ensure the baby's hand/footprints and/or mementoes are kept in the child's CPFS history folder.

6.8 Hospital discharge and post birth care

Hospital staff must complete relevant medical discharge checks for the baby and the mother. CPFS must consult with relevant hospital staff (e.g. social worker, Director of Nursing or Senior Midwife) regarding post birth care of the birth mother and newborn.

6.8.1 Action by hospital staff for baby's discharge from hospital

- ☐ If parental consent is not provided, ensure written authorisation from CPFS is received for a copy of the baby's hand/footprints and/or mementoes to be released to CPFS.
- ☐ Metropolitan regions - the discharging nurse to inform Child and Adolescent Community Health via email BirthNotificationsCDIS.CACH@health.wa.gov.au of newborn's birth details and foster carer's contact details.
- ☐ Country regions - the discharging midwife to inform Child Health by completing a Special Child Health Referral via the Stork perinatal database notification system.
- ☐ Remind the Child Health Nurse not to contact the birth mother/father.

6.9 When birth parents decide not to relinquish baby

In the event that the birth parent/s decide not to relinquish their baby for adoption, prior to the child returning to their care, the following actions are required of CPFS.

The CPFS child protection worker must:

- ☐ Apply the *Signs of Safety Child Protection Practice Framework* to make an informed assessment before the baby is returned to the family.
- ☐ Consult with relevant hospital staff (e.g. social worker, Director of Nursing or Senior Midwife) regarding discharge plans and post birth care of the mother and newborn.
- ☐ If required, provide family support to promote the baby's safety and wellbeing.

6.10 Child protection concerns

When the potential relinquishment of a baby becomes a child protection concern, a referral must be made by WA Health to the CPFS district office (or CCU if afterhours). This includes when:

- the birth mother has abandoned the baby in hospital and self-discharged from hospital without providing relevant contact details or consent to the baby's placement;
- the birth mother and/or birth father is/are under the age of 18 years and there are concerns for their safety and wellbeing;
- there are child protection concerns within the family; or
- there are child protection concerns for the newborn.

- ☐ If there are concerns that an unborn or newborn baby is at risk of abuse and/or neglect, agencies must refer directly to the Bilateral Schedule between CPFS and WA Health – *Bilateral Schedule Interagency Collaborative Processes When an Unborn or Newborn Baby is Identified as At Risk of Abuse and/or Neglect*.

7 MEDICAL ASSESSMENT FOR BABY TO BE ADOPTED

It is the responsibility of CPFS to refer the baby for a medical assessment and receive a medical report prior to placing him/her with the prospective adoptive parents.

As per section 51(a) of the Adoption Act, CPFS must arrange for the baby to undergo a serology test, including testing for such diseases as the CEO thinks may be relevant (as required under regulation 49).

Medical examination of the baby must include assessment of the baby's general condition, physical (i.e. weight, height, head circumference), development and nutritional status.

8 TIMEFRAME AND REVIEW OF SCHEDULE

This Bilateral Schedule is ongoing and will continue to have effect until it is terminated or a revised schedule is endorsed by all parties.

The Bilateral Schedule may be amended by the mutual written arrangement of the parties and may be terminated at any time by either party immediately upon written notice to the other party.

9 COSTS

The parties agree to bear their own costs (if any) arising out of this Bilateral Schedule.

10 SUPPORTING DOCUMENTS AND POLICIES

This Bilateral Schedule should be read in conjunction with the related Strategic Bilateral Memorandum of Understanding between CPFS and WA Health.

11 STATUS OF SCHEDULE

The parties agree that this Bilateral Schedule is not intended to, and does not, create any legally binding obligations between the parties.

12 AGENCY CONTACT

DEPARTMENT FOR CHILD PROTECTION AND FAMILY SUPPORT

Director, Service Delivery Practice Unit (office hours)

Telephone: (08) 9222 2555 or Country free call: 1800 622 258

Crisis Care Unit (after hours)

Telephone: (08) 9223 1111 or Country free call: 1800 199 008

Facsimile: (08) 9223 1184

DEPARTMENT OF HEALTH

Head of Department, Social Work - King Edward Memorial Hospital

Telephone: (08) 9340 2222

Facsimile: (08) 9340 2775

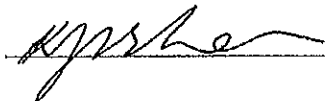
Manager - Statewide Protection of Babies Coordination Unit

Telephone: (08) 9323 6646

13 ENDORSEMENT

The *Bilateral Schedule - Interagency Collaborative Processes for Potential Relinquishment of Unborn or Newborn Baby for Adoption* strengthens the partnership between CPFS and WA Health hospital services.

The Bilateral Schedule is signed by the following Chief Executive Officers:



Kay Benham
ACTING DIRECTOR GENERAL
DEPARTMENT FOR CHILD PROTECTION
AND FAMILY SUPPORT

DATED this 30th day of Oct 2015



Dr David Russell-Weisz
DIRECTOR GENERAL
DEPARTMENT OF HEALTH

DATED this 16 day of Nov 2015

Refer to AAA Form 514 for the updated version of this form

14 APPENDIX ONE – Placement Authority Form



Government of Western Australia
Department for Child Protection
and Family Support

Form - Placement Authority
100105

Note: This form is not true to scale and has been compressed as part of this document. Forms to be updated as per section 6 of this Bilateral Schedule.

CPFS Part A

OUT-OF-HOME CARE PLACEMENT AUTHORITY

(arrangement for child to be in out-of-home care under s.16(1)(c) Adoption Act 1994)

The Department for Child Protection and Family Support (CPFS) is responsible for the provision of adoption services in Western Australia. Birth parents wishing CPFS to make arrangements for the child (or baby) to be cared for while considering their child for adoption, will need to complete the following sections in this form: Part A - Out-of-Home Care Placement Authority, Part B - Health and Medical Information, and Part C - Consent to Release Information. Please return signed forms to assigned CPFS child protection worker or hospital Social Worker.

I _____
(First name and surname of birth mother)

of _____
(home address not PO Box)
Tel: _____ Mobile: _____

I _____
(First name and surname of birth father)

of _____
(home address not PO Box)
Tel: _____ Mobile: _____

request that CPFS place my/our child/babies (named below) into temporary out-of-home care while I/we consider his/her relinquishment for adoption:

Child 1: First name: _____ Surname: _____ DOB: ____/____/____

Child 2: First name: _____ Surname: _____ DOB: ____/____/____

In the interests of the above named child/babies, I/we hereby:

1. consent CPFS to refer my/our child/babies to a medical practitioner for a medical examination; and consent for this medical information to be released to CPFS.
2. consent CPFS to seek medical (including dental) treatment for my/our child/babies in the case of an emergency and, if required, approve an operative procedure and/or the use of anaesthetic in medical emergencies when I/we cannot be contacted.
3. consent CPFS to provide relevant information regarding my child/ren to other individuals and/or agencies involved in the care and wellbeing of my child.
4. agree to inform CPFS of any changes to my/our circumstances, including contact details such as address and/or telephone number.
5. agree to be available for consultation and to meet with CPFS officers regarding timely planning for my/our child's care.
6. agree for ☐copy or ☐original of my/our baby's hand/foot prints, and mementoes to be given to CPFS.

Signed: _____
(birth mother)

Date: _____

Signed: _____
(birth father)

Date: _____

Name of Witness*: _____ Signed: _____ Date: _____

Name of Organisation/agency: _____

Address: _____ Telephone: _____

* Witness means a CPFS child protection worker or hospital Social Worker where the birth mother and baby are in-patients.

CPFS Part B

HEALTH AND MEDICAL INFORMATION

(birth parents to complete)

The information birth parent/s provide on this form will assist CPFS of any health or medical concerns that may impact on the daily care routines and safe handling practices of the child entering care.

Please tick ☒ the relevant boxes if either birth parent or the child may have the following health conditions.

	BIRTH MOTHER	BIRTH FATHER	CHILD
Alcohol use during pregnancy	<input type="checkbox"/>	N/A	N/A
Allergy	<input type="checkbox"/> please specify:.....	<input type="checkbox"/> please specify:.....	<input type="checkbox"/> please specify:.....
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood disorder	<input type="checkbox"/> please specify:.....	<input type="checkbox"/> please specify:.....	<input type="checkbox"/> please specify:.....
Cancer	<input type="checkbox"/> state type:.....	<input type="checkbox"/> state type:.....	<input type="checkbox"/> state type:.....
Diabetes	<input type="checkbox"/> state type:.....	<input type="checkbox"/> state type:.....	<input type="checkbox"/> state type:.....
Drug use - prescribed and/or non-prescribed	<input type="checkbox"/> please specify:.....	<input type="checkbox"/> please specify:.....	N/A
Eczema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/> state type:.....	<input type="checkbox"/> state type:.....	<input type="checkbox"/> state type:.....
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental illness (depression, anxiety, etc)	<input type="checkbox"/> please specify:.....	<input type="checkbox"/> please specify:.....	<input type="checkbox"/> please specify:.....
Seizure / Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoker	<input type="checkbox"/> Smoked during pregnancy <input type="checkbox"/> Non-smoker but exposed to second-hand smoke during pregnancy	<input type="checkbox"/> Smoked in the presence of pregnant partner	<input type="checkbox"/> Exposed to second-hand smoke
Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	N/A

Other health issues (please specify): _____

Name of birth mother (print name): _____

Signed: _____ Date: ____/____/____

Name of birth father (print name): _____

Signed: _____ Date: ____/____/____

Name of witness* (print name): _____

Signed: _____ Date: ____/____/____

* Witness means a CPFS child protection worker or hospital Social Worker where the birth mother and baby are in-patients.

CPFS Part C

CONSENT TO RELEASE INFORMATION

TO THE AUSTRALIAN GOVERNMENT DEPARTMENT OF HUMAN SERVICES
FOR THE PURPOSE OF ENROLLING CHILD WITH MEDICARE

I/We hereby consent for the Department for Child Protection and Family Support (CPFS) in providing a copy of the *Placement Authority* form, including the disclosure of my/our personal information contained therein, to the Australian Government Department of Human Services for the sole purpose of enrolling my/our child/babies in the Medicare program.

I/We have been informed and understand that the disclosure of any information about me/us without my/our consent is protected or restricted under the *Western Australian Adoption Act 1994* and other legislation.

I/We therefore give my/our consent for personal information to be disclosed to the Australian Government Department of Human Services for the above-mentioned purpose.

I/We have been informed and understand that the information released by CPFS pursuant to this written consent will be destroyed by the Australian Government Department of Human Services under the *Commonwealth Archives Act 1983* after the minimum retention period has expired.

Both birth parents to sign (if applicable)

Name of birth mother (print): _____

Signed: _____ Date: ____/____/____

Name of birth father (print): _____

Signed: _____ Date: ____/____/____

Name of witness* (print name): _____

Signed: _____ Date: ____/____/____

* Witness means a CPFS child protection worker or hospital Social Worker where the birth mother and baby are in-patients.

CPFS office use only

Department for Child Protection and Family Support

OUT-OF-HOME CARE PLACEMENT APPROVAL

(arrangement for child's out-of-home care under s.16(1)(c) *Adoption Act 1994*)

CHILD First name: _____ Surname: _____ DOB: ____/____/____

Mother: _____ Tel/Mobile: _____
(First name and surname)

Father: _____ Tel/Mobile: _____
(First name and surname)

Child protection worker / case manager

Name (print): _____

Position (print): _____ Directorate: _____

Designated Team Leader or delegated officer

☐ Approved

☐ Not approved

Comments: _____

Name (print): _____

Position (print): _____ Directorate: _____

Signature: _____ Date: ____/____/____

Designated Director

☐ Approved

☐ Not approved

Comments: _____

Name (print): _____

Position (print): _____ Directorate: _____

Signature: _____ Date: ____/____/____