

# Application

## Accreditation for Statutory Out-of-Home Care and/or Adoption



The NSW Office of the Children's Guardian (OCG) accredits organisations which provide, or wish to provide, statutory out-of-home care (OOHC) and adoption services in NSW. The OCG also monitors designated agencies and adoption service providers' compliance with the *Children and Young Persons (Care and Protection) Act 1998* and the *Adoption Act 2000*.

**Before completing this form, please refer to the Statutory OOHC and Adoption Accreditation Application Packages (available from [www.kidsguardian.nsw.gov.au](http://www.kidsguardian.nsw.gov.au)) and contact the Accreditation team at the OCG who will assist you with the application process. Call 02 8219 3600 or email [accreditation@kidsguardian.nsw.gov.au](mailto:accreditation@kidsguardian.nsw.gov.au)**

### The Applicant

Registered business name (*in full*):

*(The registered business name is the name of the organisation most likely found on your common seal. This name may be different to the trading name. Please attach a copy of the organisation's business registration certificate)*

Trading name (*if applicable*):

Australian Business Number (ABN):

Australian Company Number (ACN):

Name of Principal Officer(s) and :

Position(s) within the agency:

*(The Principal Officer is the person who has the overall supervision of the arrangements for the provision of out-of-home care and/or adoption services. All mail will be addressed to the Principal Officer). The name and contact details of the Principal Officer(s) will be published on the OCG website once an agency becomes accredited.*

Name of Chief Executive Officer:  
(*If different to the Principal Officer*)

Name of organisation's signatory:

(Limited to: Director General,  
Board Chairperson,  
Company Secretary/Director or Public Officer)

## Applicant contact details

Location (Street) address:  
*(Organisation's Principal/main or registered office)*

Postal address or Principal Officer's address:  
*(If different to address above)*

Phone:

Agency

Email:

Fax:

Website:

*These details will be published on the OCG website once an agency becomes accredited*

## Organisation structure and location

***(Please tick)***

**Your organisation is:**

- A company
- An incorporated association
- An unincorporated association
- A partnership
- A local government authority
- A trust
- Other entity established by an Act of Parliament e.g. some churches

Metropolitan

Rural

Centralised  
*(all services are provided from the one location address)*

Decentralised  
*(services are provided from a number of location addresses)*

If decentralised is there regional or area administration?

Yes

No

**If you are applying for accreditation as an adoption provider is your organisation a charitable or non-profit organisation?**

Yes

No

Not Applicable

***Giving false or misleading information is a serious offence.***

## Undertaking

(Please tick)

This is an application for an organisation not currently accredited

This is an application for accreditation renewal. Existing accreditation expires:

This is an application to add a new service type to an existing organisation's accreditation

In making this application I hereby certify that:

- This organisation has complied with all the requirements of the *Child Protection (Working with Children) Act 2012*.
- Details in this Application for Accreditation are true and correct

Name of Principal Officer(s):

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Name of organisation's signatory:

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## Application

What type of accreditation are you applying for? (Please tick)

**Statutory out-of-home care**

**Foster Care**

**Residential Care**

**Adoption Services**

**Domestic Adoption Services**

**Intercountry Adoption Services**

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## Other service types

Does your organisation provide or intend to provide other types of services for children and young people in addition to statutory out-of-home care and/or adoption services?

**Yes**

*(Please tick →)*

**No**

Supported Accommodation Assistance Program (SAAP)

Voluntary out-of-home care

Wraparound services (please describe):

Other (please describe):

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## Program Profile (for organisations NOT currently accredited, or where organisations are adding a service type to their existing accreditation)

Please complete a **separate program profile** (pages 5 - 6) for each statutory out-of-home care and/or adoption program your organisation intends to provide. For example, complete a separate profile for a short-term foster care program, a long-term foster care program, a residential care program, an intensive residential care program, a supported independent living program, domestic adoption service or intercountry adoption service.

**NB** Please copy pages 5 and 6 for each program. These pages can be copied and inserted into the application after page 6.

Program name:

Manager/  
Contact Person:

Phone:

Program location  
address:

*Program details are not published on the OCG website*

Please provide a brief description of each program (*If you need more room please attach pages.*)

***Giving false or misleading information is a serious offence.***

**Target group of each program  
(for organisations NOT currently accredited or where organisations are adding a  
service type to their existing accreditation)**

<p><i>Please indicate the groups for which your organisation accepts referrals.</i></p>	<p><i>Please tick for each group relevant to your program type)</i></p>		
	<p><b>Foster Care Programs</b></p>	<p><b>Residential Care Programs</b></p>	<p><b>Adoption Services</b></p>
<p>Children and/or young people without a disability</p> <p>Children and/or young person with a disability</p> <p>Aboriginal and Torres Strait Islander children and/or young people</p> <p>Children and/or young people from culturally or linguistically diverse communities</p> <p>Intensive Service Placements</p> <p>Other:</p>			
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>			

**Characteristics of target group  
(for organisations NOT currently accredited or where organisations are adding a  
service type to their existing accreditation)**

<p><b>Foster care</b></p> <p>Program name:</p> <p><b>Age range</b></p> <p>0 – 4 years</p> <p>5 – 11 years</p> <p>12 – 15 years</p> <p>16 – 17 years</p> <p>Other specific age rang</p> <p><input type="text"/></p> <p><b>Sex of clients</b> <i>(Please tick)</i></p> <p>Male</p> <p>Female</p>	<p><b>Residential care</b></p> <p>Program name:</p> <p><b>Age range</b></p> <p>12 – 15 years</p> <p>16 – 17 years</p> <p>Other specific age range:</p> <p><input type="text"/></p> <p><b>Sex of clients</b> <i>(Please tick)</i></p> <p>Male</p> <p>Female</p>	<p><b>Adoption Services</b></p> <p>Program name:</p> <p><b>Domestic Adoption Services</b></p> <p>Local Adoption (unknown child) (Includes Intrafamilial adoption e.g. Step-parent adoptions)</p> <p>Adoption for children in Statutory OOHC (known child)</p> <p><b>Intercountry Adoption Services</b></p>
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## Details for organisations applying for accreditation renewal

If your organisation is currently accredited and is applying for accreditation renewal, please also complete details on this page. This information will be used to plan the assessment of your organisation.

Primary contact person for your agency:

Telephone:

Mobile:

Email:

Please complete the details below for **each** out-of-home care program and/or adoption service. For example, complete separate details for a short-term foster care program, a long-term foster care program, residential care program, independent living program, domestic adoption service or intercountry adoption service. Make additional copies of this page as required and insert them after page 8.

**Program name:**

Contact person for this program:

Telephone:

Mobile:

Email:

Location address:

Number of children  
young people placed:

Number of authorised  
carers/prospective  
adoptive parents:

Number of staff:

**Program name:**

Contact person for this program:

Telephone:

Email:

Location address:

Number of children  
young people placed:

Number of authorised  
carers/prospective  
adoptive parents:

Number of staff:



<b>Program name:</b> <input style="width: 95%;" type="text"/>		
Contact person for this program: <input style="width: 95%;" type="text"/>		
Telephone: <input style="width: 45%;" type="text"/>	Mobile: <input style="width: 45%;" type="text"/>	
Email: <input style="width: 95%;" type="text"/>		
Location address: <input style="width: 95%;" type="text"/>		
Number of children young people placed: <input style="width: 30px;" type="text"/>	Number of authorised carers/prospective adoptive parents: <input style="width: 30px;" type="text"/>	Number of staff: <input style="width: 30px;" type="text"/>
<b>Program name:</b> <input style="width: 95%;" type="text"/>		
Contact person for this program: <input style="width: 95%;" type="text"/>		
Telephone: <input style="width: 45%;" type="text"/>	Mobile: <input style="width: 45%;" type="text"/>	
Email: <input style="width: 95%;" type="text"/>		
Location address: <input style="width: 95%;" type="text"/>		
Number of children young people placed: <input style="width: 30px;" type="text"/>	Number of authorised carers/prospective adoptive parents: <input style="width: 30px;" type="text"/>	Number of staff: <input style="width: 30px;" type="text"/>
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Contact person for this program: <input style="width: 95%;" type="text"/>		
Telephone: <input style="width: 45%;" type="text"/>	Mobile: <input style="width: 45%;" type="text"/>	
Email: <input style="width: 95%;" type="text"/>		
Location address: <input style="width: 95%;" type="text"/>		
Number of children young people placed: <input style="width: 30px;" type="text"/>	Number of authorised carers/prospective adoptive parents: <input style="width: 30px;" type="text"/>	Number of staff: <input style="width: 30px;" type="text"/>

## Attachments (new and renewing applicants)

*(please attach the following documents to this Application Form)*

- Completed program profile/s for each service type and program provided (pages 5-6 OR pages 7-8)
- Copy of the organisation's business registration certificate.
- Map of the organisation's structure.
- If funded, a copy of the current funding agreement for each service provided.
- If applying for accreditation as an adoption service, proof of the organisation's charitable or non-profit status.

### This form completed by:

Name:

Position:

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

***Giving false or misleading information is a serious offence.***

**Before submitting this form, please contact the OCG's Accreditation team on 02 8219 3600 or email [accreditation@kidsguardian.nsw.gov.au](mailto:accreditation@kidsguardian.nsw.gov.au)**