

E carercouncil@cfc-sa.org.au W www.cfc-sa.org.au/carer-council Freecall 1800 732 272

Carer Council Expression of Interest Form

The Carer Council will provide independent advice to the Minister for Child Protection on matters related to foster and kinship care in South Australia, and contribute to the design of policy, practice, and child protection legislation reform in relation to family based care.

The Carer Council is administered by the independent peak representative body for South Australian foster and kinship carers, Connecting Foster & Kinship Carers SA (CF&KC-SA).

The Carer Council will consist of twelve (12) currently approved Carer members appointed by the Minister for Child Protection, and remuneration will be consistent with the SA government standard for Boards and Committees. Carer Council members will meet at least four (4) times per year, in person, to discuss key issues to be determined by the Council and the Minister for Child Protection. The Carer Council will report directly to the Minister for Child Protection on issues and outcomes from each session.

Upon successful appointment, Carer Council members will serve a term of 12 months, at which point new Carer Council members will be appointed.

Aboriginal and Torres Strait Islander people are encouraged to apply.

PERSONAL DETAILS

First no	ame:	Last name:
Daytime phone number:		Mobile number:
Street	address:	
Suburb:		Postcode:
Please	e tick the box to indicate the followi	ng:
1.	Are you an approved family based carer) in South Australia?	carer (commonly known as foster or kinship
	□Yes	
	□No	
2.	I am an approved (tick all that app	oly):
	□ Kinship carer	
	□ Foster carer	

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3.	Are you currently providing care, or provided care in the last 12 months, for a child or young person under the guardianship of the chief executive?
	□Yes
	□No
	e note: should your application be shortlisted Department for Child Protection and a process to verify responses 1, 2 and 3.
4.	I identify as:
	☐ Aboriginal
	□ Torres Strait Islander
	□ Both Aboriginal and Torres Strait Islander
	□ None of the above
5.	Do you identify as culturally or linguistically diverse?
	□Yes - please provide details
	□No
6.	I reside in:
	☐ Metropolitan South Australia (between postcodes 5000 to 5199)
	□ Regional South Australia (between postcodes 5200 to 5800)
	e note: the definition of "regional" South Australia is determined by data supplied e Department for Child Protection.
DATES	S OF IMPORTANCE
Carer	arer Council will meet four times per year to discuss topics for systemic change. Council members are required to attend each of the four sessions in person. I and accommodation will be provided and paid for.
Proxie	es are not available for Carer Council members.
	e tick the dates below to confirm that you are available to attend the Carer cil sessions scheduled for:
	☐ Friday 1st December 2023
	□ Tuesday 5 th March 2024
	□ Tuesday 4 th June 2024
	□ Tuesday 17 th September 2024

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ADDITIONAL INFORMATION

Please describe why you are expressing an interest to become a member of the Care	ər
Council and what you believe you will bring to the role:	

In addition to your lived experience as a current carer, please share any skills, knowledge and qualifications you feel might contribute to the role:

HOW TO APPLY

- 1. Complete all sections of this expression of interest form.
- 2. Attach a copy of your valid South Australian Department for Human Services working with children check (WWCC) notification.
- 3. Email your completed application form and WWCC to carercouncil@cfc-sa.org.au

For further information please contact Connecting Foster & Kinship Carers SA on 1800 732 272 or by email at carercouncil@cfc-sa.org.au

Applications close by 5pm Monday 16th October 2023

Thank you for you expression of interest. All applicants will be advised of the results by email.