Care Leaver Records Request

Application form

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# Your contact details

|  |  |
| --- | --- |
| **Surname** |  |
| **Given name(s)** |  |
| **Date of birth** |  |
| **Address** |  |
| **Postal address**(if different from above) |  |
| **Email** |  |
| **Phone number** |  |

# Request details

Are you seeking your own wardship records?

Yes: No:

If 'no', please provide details about the person whose records you are seeking:

|  |  |
| --- | --- |
| **Name** |  |
| **Date of birth** |  |
| **Relationship** |  |

# Former ward details

|  |  |
| --- | --- |
| **Other names you’ve been known by** |  |
| **Parent name(s)** *(including maiden name if known)* |  |
| **Sibling name(s)** |  |

# Additional information

Please provide any additional information you feel may be relevant to assist with your request. If insufficient space, please attach additional documentation to support your application.

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| **Name of home(s) or agencies** *(if known)* |  |
| **Date range of time in care** |  |
| **Any other relevant information**  |  |

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| How to submit your applicationYou can post your application to:Care Leaver Records ServiceDepartment of Families, Fairness and Housing GPO Box 1774Melbourne Victoria 3001Or you can email your application to: clrs@dffh.vic.gov.au | ChecklistHave you?•Attached certified identification? (This is not required if a support worker or lawyer is applying on your behalf)•Given a clear explanation of the documents that you are requesting?•Attached documents to support your application to access information about other people? (for example, a birth certificate or death certificate, if the person whose records you are requesting is deceased). |