



Application for a Review of a Care Planning Decision Under Section 93 of the *Children and Community Services Act 2004*

<p>This application must be lodged within 14 days of receiving a copy of the care plan or modified care plan. This period can be extended in special circumstances</p>	<p>Review No. _____</p>
--	-----------------------------

Child's Name: _____ Date of Birth: _____

Applicant's Name: _____ Phone: _____

Address: _____

Email Address: _____

What is your relationship to the child? _____

Which care planning decision(s) in the child's care plan do you want reviewed and why? Briefly state why you are not satisfied with these points. (You may wish to say why you feel these points are not in the best interests of the child/ren, as the Chair of the Care Plan Review Panel is likely to consider these issues in deciding how the review will be held.) Please note: if more space required, kindly attach a separate sheet.

Care Plan Meeting Details

Where was the care plan meeting held? _____

Date of the care plan meeting: _____

Have you discussed your concerns/objections with the Chair of the care plan meeting*?

Yes If yes, on what date? _____ No

* Please note: while this discussion is not mandatory, you are encouraged to contact the person who chaired the care planning meeting as soon as possible to discuss your concerns. This will help you better understand why the Chair made certain decisions. You and the Chair may be able to negotiate some changes to the care plan at this discussion. Of course, regardless of the outcome of this discussion, you can still apply to have the decisions of the care plan reviewed by the Care Plan Review Panel.

Has this/these care planning decision(s) been reviewed by the Panel before? If yes, what has changed since you previously asked for a review?

You have the right to bring a support person with you to the review if you wish.

(Agencies and other organisations do not generally bring a support person with them.)

Will you be bringing a support person with you? Yes No

If yes, who will that person be? _____

What is your support person's relationship to you? (For example: friend, relation, other agency personnel).

Will you require an interpreter? Yes No

If yes, what language? _____

Will you require an AUSLAN interpreter? Yes No

Signature _____

Date _____

This form must be returned within 14 days of receiving the care plan. it may be emailed to crp@communities.wa.gov.au, or forwarded by post to:

Secretariat, Care Plan Review Panel
C/- The Department of Communities
Locked Bag 5000
Fremantle WA 6959