



Application by a Child or Young Person for Review of a Care Planning Decision Under Section 93 of the *Children and Community Services Act 2004*

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

Review No. _____

If you're not happy with any of the decisions made at your Care Plan meeting, you have the right to ask for those decisions to be reviewed by the Care Plan Review Panel (the Panel). This will give you an opportunity to meet with the Panel, have your say, and ask for the changes you want. You can take someone else with you to the Panel meeting if you'd like to.

All you need to do is fill in this application form within 14 days of getting a copy of your Care Plan, and send it to the Panel. (You can have a bit longer in some circumstances.) You can ask for help from your parent, a carer, or your caseworker to assist you in making your application, or you can get help from the Advocate for Children in Care, who is there just for children and young people like you.

You can contact the Advocate for Children in Care on 1800 460 696 or 9222 2518. She will be happy to talk to you about your application, and to provide any help you need.

Please complete the details below:

Your Name: _____ Date of Birth: _____

Your Address: _____

Postcode: _____

Your Email Address: _____

Your Phone Number: _____ Name of Caseworker: _____

What is your relationship to the child? _____

Which care planning decision(s) of the Care Plan do you want reviewed and why? (You can use an extra sheet if you want more space.)

When was your care plan meeting: _____ Where was it held? _____

You have the right to bring a support person with you to the review if you want to. You can choose anyone you trust, or you can ask the Advocate for Children in Care to come with you.

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