



# Psychological Assessments

## Information and Acknowledgement

**THIS FORM MUST BE SIGNED TO PROCEED WITH A PSYCHOLOGICAL ASSESSMENT**

**Please complete sections on all THREE (3) pages of this document. Signatures must be handwritten or electronically signed, typed cannot be accepted.**

Surname: \_\_\_\_\_

Given Name/s: \_\_\_\_\_

Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: Male / Female / Unspecified

Email address: \_\_\_\_\_

- 1) I acknowledge that I received this form a minimum of three (3) business days prior to undertaking this psychological assessment process.
- 2) I understand that a psychological assessment is required under sections 107 and 110A of the *Children and Young People (Safety) Act 2017* in respect to persons employed in, or seeking to be employed in, a children's residential facility established and operated by the Department for Child Protection, or licensed by the Department for Child Protection.
- 3) I understand that the psychological assessment process includes formal questionnaires and an intensive interview with a psychologist, and may include information about problem solving ability, style of working, mental health and potentially sensitive aspects of my personal history.
- 4) I understand that my answers to questions will form a part of the process to inform my psychological suitability to be employed within a children's residential facility, including volunteer positions.
- 5) I understand that my refusal to participate in the psychological assessment process, or an assessment outcome indicating that I am psychologically unsuitable, may render me ineligible for employment within any children's residential facility established and operated by the Department for Child Protection, or licensed by the Department for Child Protection.
- 6) Section 164(1) of the *Children and Young People (Safety) Act 2017* authorises the disclosure of personal information in connection with the administration or enforcement of the *Children and Young People (Safety) Act 2017* or any other Act and authorises the disclosure of personal information to another State agency for the proper performance of its functions.
  - I understand that the Department for Child Protection may share my assessment outcome with authorised organisations in connection with any employment (including volunteer positions), or application for employment, in connection with the *Children and Young People (Safety) Act 2017*.



- I understand that the Department for Child Protection may share my assessment outcome with the Department for Human Services Screening Unit (DHS) for the purposes of DHS undertaking screening checks including, but not limited to, Working with Children Checks, disability services employment checks, NDIS worker checks, aged care sector checks and vulnerable person-related employment checks.
  - I understand that in the event that the Department for Child Protection is required to share my assessment outcome with authorised organisations, the following specific personal information regarding the psychological assessment process may be shared:
    - Name/s and previous name/s
    - Date of birth
    - Gender
    - Dates relevant to the assessment
    - Details of the organisation and personnel conducting the assessment
    - The outcome of the assessment process
    - A copy of this form
- 7) As required by ethical and legal guidelines, the data and results of this psychological assessment process will remain secure and confidential. Exceptions to this include:
- The sharing of my assessment outcome in accordance with above
  - Where disclosure is authorised by law
  - Where required for the purpose of auditing psychological assessments
- 8) In the event that the psychological assessment process identifies a significant imminent risk of harm to self and / or others, appropriate follow up will be initiated by the assessing psychologist.
- 9) I understand and accept that I will be advised of the outcome from my assessment process.
- 10) I understand and accept that I will not receive feedback about the outcome of my psychological assessment process.
- 11) I understand and accept that I will not receive a copy of the assessment report, as prepared by the assessing psychologist.
- 12) I acknowledge that non-identifiable, aggregated information relating to data for research purposes may be collected and utilised for the purpose of future workforce planning.

By signing below, I acknowledge that I have read and taken appropriate steps to understand the contents of this document.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Psychological Assessments

## Declaration of current, previous and alias names

### Current name

My current name as per my Driver's Licence (or other photo ID) is:

First name/s:

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Middle name/s:

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Last name/s:

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My preferred name  
or nickname is:

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### Aliases and Previous names

I am or have been known by the following names or aliases:

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<hr/>	<hr/>
<hr/>	<hr/>

I declare the above information to be accurate and complete.

Name:

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Signature:

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Date:

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