

## 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

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

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 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  
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All you need to do is fill in this application form within 14 days of getting a copy of your Care P3.996 ( )-1998 (el)6.y of of

r 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? \_\_\_\_\_

: K D W L V \ R X U V X S S R U W S H U V For example, friend, relative, other agency person etc." \_\_\_\_\_

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](mailto: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