



## Carer's details

11 Family name   
Given names

12 Sex Male  Female

13 Date of birth  Age

14 Marital status

15 Relationship to minor (*the carer must be a relative over 21 years*)  
Sibling  Grandparent  First cousin   
Half sibling  Uncle/Aunt   
Other (*specify*)

16 How long has the carer arrangement been in place?  
 years  months

17 Provide details of how the minor became the carer's responsibility

### 18 Carer to complete and sign

- I,   
*undertake to assume care, in Australia of the above named child;*
- *I understand the responsibility of being a carer; and*
- *I accept that I will be responsible for:*
  - *accommodation;*
  - *financial support; and*
  - *day to day care of the child until he/she reaches 18 years of age.*

**Signature of carer**

Date

We strongly advise that you keep a copy of your agreement and all attachments for your records.

### Office use only

*Undertaking witnessed*

Printed name

Position title

**Signature of an officer of the department or state welfare officer**

Date

Post

Please fax completed form to UHM coordinator, NatO  
Fax number: (02) 6223 8219