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| Emergency Relocation / Bushfire Leave Early Plan |
| Leave early plan for carers and lead tenant supervisor |
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This plan is to be completed for each carer/lead tenant supervisor and added to the CRIS/CRISPP file of the children and young people placed in their care. The plan must be reviewed:

* annually by 1 November before summer, a high-risk emergency season
* as required between 1 November and 30 April if the carer/supervisor’s Leave Early Plan changes
* when a new child is placed with the carer/supervisor 1 November and 30 April.

**Note:** the plan does not need to be re-endorsed if the carer/supervisor’s Leave Early Plan is unchanged however it must be placed on the new child/young person’s CRIS/CRISSP file.

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| In the event of emergency relocation please call the **Relocation Hotline:**<Delete any of the following numbers that don’t apply>**North Division 1300 080 829****West Division 1800 780 354****East Division 1300 576 518****South Division - Gippsland 1300 528 951** **South Division - Southern Metro 1800 309 916**And advise them of:1. **Your (carer’s) name**
2. **Confirm that you have safely relocated and the details of the child/young person in your care.**
3. **Your relocation address and phone number and *if there have been any changes.***
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#### Details

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| **Number of children and/or young people currently in your care:** |  |
| **Date this plan was developed:** |  |
| **Review date (completed and approved):** |  |

#### Placement type (mark which applies)

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| Lead tenant | Kinship care | Foster care | Respite |
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#### Carer/Lead tenant supervisor name and contact details

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| **Carer/Lead Tenant Supervisor name:** |  |
| **Residential address:** |  |
| **Fire District the carer/supervisor lives in:** | Refer to the [CFA website](https://www.cfa.vic.gov.au/warnings-restrictions/find-your-fire-district) <<https://www.cfa.vic.gov.au/warnings-restrictions/find-your-fire-district>> to identify the carer’s fire district. |
| **Telephone contact numbers:****(Must include their mobile phone)** |  |
| **Email address: (if the carer/supervisor consents, to enable general fire risk information and advice to be forwarded as appropriate)** |  |
| **Placement agency:** |  |
| **Placement agency worker’s contact name and number:** |  |

#### Relocation address and arrangements

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| ***Where*** will you and the children/young people move to?(Include type of accommodation and the full residential address) |  |
| ***How*** will you and the children/young people travel to this location? |  |
| ***With whom*** will the children/young people ***travel*?**(It is preferable that they travel with a current carer) |  |
| Will a current carer/supervisor be the primary carer of the children/young people at the planned safer location?(It is preferred that continuity of carer/s is maintained) | Yes / No (please circle)Name of primary carer at planned safer location: |
| Provide ***the name and relationship to the* *children/young people of all adults*** who will be residing with them at this new location: |  |
| In case of emergency, how can the children/young people be contacted during this time?(contact/carer’s name and mobile phone details preferred) |  |

#### Carer/s declaration (for respite, foster care and kinship care, including voluntary carers) or lead tenant supervisor’s declaration

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| I/ we……………………………………………………………………………………. agree that I/ we will enact this *Bushfire Leave Early Plan* no later than nightfall of the evening\* before a Catastrophic fire danger rating day for our location.Once at our designated safer location, we will contact our worker or agency to confirm our arrival.I/ we agree to inform my/ our child protection or agency caseworker at the earliest opportunity of any proposed changes to this plan that arise during the fire season, and to negotiate an updated relocation plan as necessary.Signature(s): ……………………………………………………………………………… Date:------/--------/------ ……………………………………………………………………………… Date:------/--------/------ |

\* Unless a relevant exemption applies

Space (below) for any additional comments / instructions agreed to between the parties:

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#### Aboriginal Child Specialist Advice & Support Service (ACSASS) worker

#### Endorsement required for *all* Aboriginal children

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| I………………………………………………………………………………………………..…...…………………. am employed as an ACSASS worker by……………………………………………………............................. and have and signed this carers *Bushfire Leave Early Plan*: …………………………………………………I endorse the suitability of this *Bushfire Leave Early Plan*Signature ……………………………………………………………. Date ------/--------/------My contact number is ……………………………………………… |

#### Instruction:

Once the Carer has signed their Bushfire Leave Early Plan, and the ACSASS worker has endorsed the plan for all Aboriginal children and young people, further endorsements are required as follows:

**Kinship care: 1)** the Child protection case planner for the child/young person **2)** the relevant department Child Protection Deputy Area Operations Manager.

**Foster care: 1)** CSO Program Manager **2)** Department Child protection case planner for the child/young person **3)** the relevant department Child Protection Deputy Area Operations Manager.

**Respite: 1)** CSO Program Manager **2)** Department Child protection case planner for the child/young person **3)** the relevant department Child Protection Deputy Area Operations Manager.

**Lead Tenant: 1)** CSO Program Manager **2)** Department Child protection case planner for the young person **3)** the relevant department Child Protection Deputy Area Operations Manager.

#### Endorsement – This Bushfire Leave Early Plan has been endorsed by:

CSO Program manager endorsement

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| **Name:** |  |
| **Title:** |  |
| **Signature:** |  |
| **Organisation / Department Division** |  |
| **Date:** |  |
| **Contact Number:** |  |

Department – Child protection practitioner endorsement

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| **Name:** |  |
| **Title:** |  |
| **Signature:** |  |
| **Department Division:** |  |
| **Date:** |  |
| **Contact Number:** |  |

Department – Child protection deputy area operations manager endorsement:

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| **Name:** |  |
| **Title:** |  |
| **Signature:** |  |
| **Department Division:** |  |
| **Date:** |  |
| **Contact Number:** |  |