



RECORDS TRANSFER RECEIPT

For Service Providers sending client (child) files to the Department of Communities, Child Safety and Disability Services

Include this form with the boxed records being transferred to the Department.

This form will be kept as a receipt of the records transferred to the department.

***These are mandatory fields**

*Name of Service Provider:	
*Location of Service Provider:	
*Contact Name and Phone Number	
*Date of Transfer	
*How many boxes have been sent to the department?	

The department will only accept records provided you have answered Yes to all questions.

1. Records relate <i>only</i> to clients (children) referred to the Service Provider by the department.	Yes	No
2. Records are for clients no longer receiving service by your agency.	Yes	No
3. Records are <u>attached</u> to file folders.	Yes	No
4. Relevant electronic records have been printed out and attached to the file.	Yes	No
5. File covers are clearly marked with the date/s of birth, client's name or names of family members relevant to the service provided.	Yes	No
6. No client identifying information is visible on the boxes.	Yes	No

For further enquiries use contact details below.

Information Management
Tel: 1300 747 435
Email: recordkeeping_support@communities.qld.gov.au

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For Information Management Use Only Attach this receipt to relevant Departmental File.

ACKNOWLEDGEMENT OF RECEIPT

Upon receiving records complete and send form back to the Service Provider.

Date records received	
How many boxes received	

Signature _____

Privacy Statement

The Department of Communities, Child Safety and Disability Services is collecting the information on this form to assist with the Non-Government Service Provider Recordkeeping Initiative and meet the requirements of the *Public Records Act 2002*. The Department of Communities, Child Safety and Disability Services will not disclose any of the information collected to any person, body or organisation unless legislation allows or requires this or you have given your permission.