

Blue card application

Working with Children (Risk Management and Screening) Act 2000

This form is to be completed by paid employees, volunteers and students proposing to start or continue in child-related employment.



Valid for lodgement until 30 June 2016

Important Notice

If you are eligible to apply for a blue card (please see **disqualified person**# definition on page 4), continue to complete this application. If you are not eligible, **do not** complete this form and complete an Eligibility Declaration form instead.

Part A – Child-related activity details (to be completed by the organisation)			art C — Category of child-related activity o be completed by the organisation)			
Please select the type of child-related employment for which a blue card is required: Paid employee (payment details required in Part G)		ar	Information about categories of child-related employment and whether any exemptions apply is available from www.bluecard.qld.gov.au.			
	Volunteer (no payment required) Student (no payment required)	Pl	lease select the type of child-related activity to which the mployment relates:			
	t B – Organisation details be completed by the organisation)		Child accommodation services including home stays Child care (including education and care) Churches, clubs and associations			
1	Name of organisation		Education programs conducted outside school (suspended or excluded students or flexible arrangements under the Education (General			
2	Organisation ID number (if known)		Provisions) Act 2006) Emergency Services Cadet Program			
3	Postal address of organisation		Health, counselling and support services (including disability services) Licensed care services			
	Postcode		Local Government			
4	Contact person's name		Paid private teaching, coaching or tutoring			
			Religious representatives			
5	Contact person's position		Residential facilities			
			School boarding houses			
6	Telephone		School crossing supervisors Schools (other than registered teachers and parents)			
7	Email		Sport and active recreation			
OFFICIAL USE ONLY						
Rec	eipt number:	ate:	Initials:			



Pa	rt D – Applicant's details (to be completed by the applicant)	t)
1	Your title Mr Mrs Miss Ms	12 Please record your previous blue/exemption card
	Other	number (<i>if known</i>):
2	Full legal name	Disease tight the valence they below if you are as here every
	Family name	13 Please tick the relevant box below if you are or have ever been a:
	First name	Health practitioner
	Middle name	Teacher
	I do not have a middle name (please tick)	Foster or kinship carer
3	Have you been known by any other name/s?	Operator/supervisor/carer of a child care or
	eg. birth name, name before marriage, married name, alias, adoption, changed the order of your name,	education service
	change by certificate, etc.	14 Applicant's declaration
	Note: It does not matter how long ago you changed your	I declare that: • I have read the information on page 4 and I am not
	name or how long you used another name for. No Yes pive details below:	disqualified from applying for a blue card#;
	Family name	I am the applicant named in this form and have not
	First name	omitted any names or aliases that I use or have used in the past;
	Middle name	the information and identification documents provided
	If you require more space, please tick this box	by me for this application are true and correct and I understand it is an offence to provide a false or
	and attach a separate list.	misleading statement or document;
4	Gender Male Female	• I consent to information from any police, court,
_	Date of birth Date of birth	prosecuting authority or other authorised agency being obtained and for the police, courts, prosecuting authority
5	D D M M Y Y Y Y	or other authorised agency to disclose any information
6	Place of birth	for the purposes of assessing my eligibility to work with children including ongoing checks while my application/
	Town/City	blue card remains current;
	State/Territory	I understand that the information obtained includes but is not limited to details of convictions^ and
	Country	pending or non-conviction charges* or information on
7	Current postal address Note: your postal address must be in Australia	the circumstances relating to offences committed or allegedly committed by me, regardless of when and
	Note: your postar address must be in Australia	where the offence or alleged offence occurred;
		I understand my organisation will be advised whether or
	Postcode	not I have a current application for, or hold a current blue/ exemption card; the outcome of this application which
8	Current residential address	may include whether my application is withdrawn, or a
0	Please tick if same as postal address	negative notice issued, or if my blue/exemption card is subsequently suspended or cancelled;
		I am proposing to start or continue in regulated
		employment and am not entitled to an exemption;
	Postcode	 I understand and will comply with my blue card obligations as a blue card applicant/cardholder; and
9	Your telephone number	I consent to confirmation of the validity of my blue card
9	Daytime Daytime	being published or provided.
	Mobile	Sign inside the box. Please do not touch or go outside the lines.
	Email	
11	Do you identify as? (if applicable)	
	Aboriginal Torres Strait Islander	
	Aboriginal and Torres Strait Islander	Data of signature
	Australian South Sea Islander	Date of signature

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Part E – Proof of identity (to be completed by the organisation) The organisation must check two current, original identification documents from the applicant which collectively show the applicant's full name, date of birth and signature. The applicant's details on their identification documents must match the details provided in Part D.								
One of the following combinations m	ust be us	ed: E	ITHER					
				(or	(one must show a signature)			
		OR] (,			
	List 1	+	List 2	(or	ne must show a signature)			
If one of the valid identification combinations above cannot be alternative identification' form.					•			
If the applicant resides more than 50km from the organisation or has a disability which affects their mobility, complete and submit an 'Identification verification by a prescribed person' form.								
Please indicate which identification	documen	ts ha	ve been s	sight	ted by placing a ☑ in the box.			
LIST 1 SIGNATURE DOCUMENT					LIST 2 SIGNATURE DOCUMENT			
Driver licence/learner permit/pro Document No: Issued in the state of:	t/proof of age card				Pension Concession card/Department of Veterans' Affairs Entitlement card/Seniors Health card/Health care card/ any other current financial entitlement card issued by Department of Human Services.			
Australian Passport (current or ex	pired in t	he las	st 2 years)	_	Credit card or bank card			
NON-SIGNATURE DOCUMENT					Positive Notice Blue or Exemption card			
Birth certificate (or extract)	Birth certificate (or extract)				Student identification card issued by an education institution (with photo and signature) Queensland Gaming Machine Licence			
Proof of Australian citizenship or	permanei	ntres	lidelicy		NON-SIGNATURE DOCUMENT Medicare card			
Overseas Passport (current)				$\neg \mid$				
Country of issue:					Queensland crowd controller/private investigator/ security officer licence			
					Passbook or account statement issued by a financial institution dated in the last 6 months			
					Australian taxation assessment notice dated in the last 6 months			
					Queensland Licence issued under the Weapons Act 1990			
If possible, please attach a photocop	y of the o	docu	ments sig	htec	d to this application form for verification purposes.			
Part F – Organisation declaration (t	o be com	plete	ed by the	orga	anisation)			
Part F – Organisation declaration (to be completed by the organisation) IMPORTANT NOTE: This section must be completed by the organisation's representative irrespective of whether or not the organisation can sight the identification above. I declare that:								
I understand that it is an offence to	•							
 I am authorised to submit this app the applicant is proposing to start 								
 the applicant is proposing to start or continue in regulated employment and an exemption does not apply; I have warned the applicant that it is an offence for a disqualified person to sign a blue card application (see page 4)#; and 								
 I have either: checked the details provided in this form and confirmed they match those on the identification documents sight delegated this responsibility to a prescribed person and have attached the 'Identification verification by a prescribed p form. 								
Note: It is an offence not to warn the a	pplicant t	hat it	is an offe	nce	for a disqualified person to sign a blue card application.			
					Name of organisation's representative			
Ciampture of averagination is a second	otiv				G Try Try Try			
Signature of organisation's representative Date of signature D D D M M M Y Y Y Y Y Y				Position of organisation's representative				

Part G – Payment options for PAID employees only The application fee is GST exempt (under division 81), non-refundable and subject to change.						
Please select one of the following payment methods:						
Cash or EFTPOS (over the counter transaction only)						
Cheque/Money order—made payable to Blue Card Services (ABN 60 789 586 626)						
Credit card (complete details below)						
Please charge \$81.40 to: Mastercard Visa						
Number Expiry date // // // // // Expiry date						
Name of credit cardholder Credit cardholder's signature						
Blue card applicant name (if not credit cardholder)						
Receipt details:						
Postal address for receipt (must be completed if the receipt is to be sent to someone other than the applicant)						
Postcode						

Privacy notice

The Working with Children (Risk Management and Screening) Act 2000 allows the collection of personal information to assess your eligibility to be issued with a blue/exemption card.

Information will be provided to Queensland Police, and may be provided to police, courts, prosecuting authorities or other authorised agencies as part of the screening process. Information may also be given to:

- certain disciplinary bodies to obtain relevant disciplinary information; and/or
- your employer, any supervisory body, or other person you have authorised to discuss your application on your behalf.

Personal information will only be provided to other persons or agencies with your permission or where required by law.

Important information

You can withdraw your consent to screening at any time before a decision is made.

***Disqualified person**

It is an offence for a disqualified person to sign a blue card application form.

A disqualified person is someone who:

- has been convicted of a disqualifying offence, which includes having sex with a child (irrespective of the type of relationship e.g. teenage boyfriend/girlfriend, unlawful carnal knowledge) or other child-related sex or pornography offences or the murder of a child (irrespective of the penalty and regardless of when and where it occurred); or
- is the subject of:
 - o reporting obligations under the *Child Protection (Offender Reporting) Act 2004*; or
 - o an offender prohibition order under the *Child Protection (Offender Prohibition Order) Act 2008*; or
 - $\circ~$ a disqualification order issued by a court prohibiting them from applying for or holding a blue card; or
 - o a sexual offender order under the *Dangerous Prisoners (Sexual Offenders) Act 2003*.

*Non-conviction charge means, whether a person was charged as an adult or a child, a charge: that has been withdrawn; that has been the subject of a nolle prosequi, a no true bill or a submission of no evidence to offer; that led to a conviction that was quashed on appeal; or upon which a person was acquitted or disposed of by a court otherwise than by way of conviction.

^Conviction/convicted means a finding of guilt by a court, or the acceptance of a plea of guilty by a court, whether or not a conviction is recorded and regardless of when and where it occurred.

A disqualified person can apply to be declared eligible to apply for a blue card in certain limited circumstances.

For more information about the blue card system and your obligations go to www.bluecard.qld.gov.au.

Blue Card Services, Public Safety Business Agency

PO Box 12671, Brisbane George Street QLD 4003

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www.bluecard.qld.gov.au