

# 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.



**NEW/RENEWAL** 

Valid for lodgement until 30 June 2018

## **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)                                                                                                                                                                                                                                                                | Part C – Category of child related activity (to be completed by the organisation)                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul> <li>Please select the type of child-related employment for which a blue card is required:         <ul> <li>Paid employee (payment details required in Part G)</li> <li>Volunteer (no payment required)</li> <li>Student (no payment required)</li> </ul> </li> <li>Is this application associated with NDIS?</li> <li>Yes No</li> </ul> | Information about categories of child-related employment and whether any exemptions apply is available from www.bluecard.qld.gov.au.  Please select the type of child-related activity to which the employment relates:  Child accommodation services including home stays Child care (including education and care) Churches, clubs and associations |
| Part B – Organisation details (to be completed by the organisation)  1 Name of organisation  2 Organisation ID number (if known)                                                                                                                                                                                                             | Education programs conducted outside school (suspended or excluded students or flexible arrangements under the Education (General Provisions) Act 2006)  Emergency services cadet program  Health, counselling and support services (including disability services)                                                                                   |
| Postal address of organisation  Postcode  Contact person's name                                                                                                                                                                                                                                                                              | Licensed care services  Local Government  Paid private teaching, coaching or tutoring  Religious representatives  Residential facilities  School boarding houses  School crossing supervisors                                                                                                                                                         |
| <ul><li>Contact person's position</li><li>Telephone</li><li>Email</li></ul>                                                                                                                                                                                                                                                                  | Schools (other than registered teachers and parents)  Sport and active recreation                                                                                                                                                                                                                                                                     |
| OFFICIAL USE ONLY  Receipt number:  Date:                                                                                                                                                                                                                                                                                                    | : Initials:                                                                                                                                                                                                                                                                                                                                           |





| Pa | rt D – Applicant's details (to be completed by the applicant                | ) |                                                                                                                                   |
|----|-----------------------------------------------------------------------------|---|-----------------------------------------------------------------------------------------------------------------------------------|
| 1  | Title Mr Mrs Miss Ms                                                        | : | Previous blue/exemption card number (if applicable):                                                                              |
|    | Other                                                                       |   |                                                                                                                                   |
| 2  | Full legal name                                                             | : | <b>13</b> Are you, or have you ever been a: (please tick)                                                                         |
|    | Family name                                                                 |   | Foster or kinship carer                                                                                                           |
|    | First name                                                                  |   | Health practitioner                                                                                                               |
|    | Middle name                                                                 |   | Operator/supervisor/carer of a child care or education service                                                                    |
|    | No middle name (please tick)                                                |   | Teacher                                                                                                                           |
| 3  | Do you have a previous name, or have you been known by any other name?      | : | 14 Applicant's declaration                                                                                                        |
|    | Yes (record details below) No                                               |   | I declare that:                                                                                                                   |
|    | It does not matter how long ago you used the name                           |   | • I have read the information on page 4 and I am not                                                                              |
|    | or how long the name was used for e.g.                                      |   | disqualified from applying for a blue card*;  • I am the applicant named in this form and have not                                |
|    | • birth name • name before marriage • married name                          |   | omitted any names or aliases that I use or have used                                                                              |
|    | • alias • change by certificate • adoption                                  |   | in the past;                                                                                                                      |
|    | • changed order of name                                                     |   | <ul> <li>the information and identification documents provided<br/>by me for this application are true and correct and</li> </ul> |
|    | Family name                                                                 |   | I understand it is an offence to provide a false or                                                                               |
|    | First name                                                                  |   | misleading statement or document;                                                                                                 |
|    | Middle name                                                                 |   | I consent to information from any police, court,                                                                                  |
|    | If you require more space, please tick this box and attach a separate list. |   | prosecuting authority or other authorised agency being obtained and for the police, courts, prosecuting authority                 |
|    | and attach a separate list.                                                 |   | or other authorised agency to disclose any information                                                                            |
| 4  | Gender                                                                      |   | for the purposes of assessing my eligibility to work with                                                                         |
| 5  | Date of birth                                                               |   | children including ongoing checks while my application/blue card remains current;                                                 |
| 6  | Place of birth                                                              |   | I understand that the information obtained includes     but is not limited to details of convictions and                          |
|    | Town/City                                                                   |   | but is not limited to details of convictions <sup>^</sup> and pending or non-conviction charges <sup>*</sup> or information on    |
|    | State/Territory                                                             |   | the circumstances relating to offences committed or                                                                               |
|    | Country                                                                     |   | allegedly committed by me, regardless of when and                                                                                 |
|    | ,                                                                           |   | <ul><li>where the offence or alleged offence occurred;</li><li>I understand my organisation will be advised whether or</li></ul>  |
| 7  | Current postal address (within Australia)                                   |   | not I have a current application for, or hold a current blue/                                                                     |
|    |                                                                             |   | exemption card; the outcome of this application which                                                                             |
|    | Do stoo do                                                                  |   | may include whether my application is withdrawn, or a negative notice issued, or if my blue/exemption card is                     |
|    | Postcode                                                                    |   | subsequently suspended or cancelled;                                                                                              |
| 8  | Current residential address (if different to above)                         |   | I am proposing to start or continue in regulated                                                                                  |
|    |                                                                             |   | <ul><li>employment and am not entitled to an exemption;</li><li>I understand and will comply with my blue card</li></ul>          |
|    |                                                                             |   | obligations as a blue card applicant/cardholder; and                                                                              |
|    | Postcode                                                                    |   | I consent to confirmation of the validity of my blue card                                                                         |
| 9  | Telephone number                                                            |   | being published or provided.  Sign inside the box.                                                                                |
|    | Daytime                                                                     |   | Please do not touch or go outside the lines.                                                                                      |
|    | Mobile                                                                      |   |                                                                                                                                   |
|    | Fmail                                                                       |   |                                                                                                                                   |
| 10 | Email                                                                       |   |                                                                                                                                   |
|    |                                                                             |   |                                                                                                                                   |
| 11 | Do you identify as? (if applicable)                                         |   |                                                                                                                                   |
|    | Aboriginal Torres Strait Islander                                           |   | Date of signature                                                                                                                 |
|    | Aboriginal and Torres Strait Islander                                       |   | D D M M Y Y Y                                                                                                                     |

|                                                                                                                                                                                                                                                                                       | ıt, original | iden         | tification (                                         | doc                         | uments from the applicant which collectively show the <b>applicant's</b> ir identification documents must match the details provided in                                                             |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| One of the following combinations m                                                                                                                                                                                                                                                   | ust be use   | ed: <b>E</b> | ITHER                                                |                             |                                                                                                                                                                                                     |  |  |  |
|                                                                                                                                                                                                                                                                                       | List 1       | +            | List 1                                               | (one must show a signature) |                                                                                                                                                                                                     |  |  |  |
|                                                                                                                                                                                                                                                                                       |              | OR           |                                                      | ,                           |                                                                                                                                                                                                     |  |  |  |
|                                                                                                                                                                                                                                                                                       | List 1       | +            | List 2                                               | (0                          | ne must show a signature)                                                                                                                                                                           |  |  |  |
| If one of the valid identification combalternative identification' form.                                                                                                                                                                                                              | oinations a  | abov         | provided, complete and attach a 'Request to consider |                             |                                                                                                                                                                                                     |  |  |  |
| If the applicant resides more than 50km from the organisation or has a disability which affects their mobility, complete and submit an 'Confirmation of identity' form.                                                                                                               |              |              |                                                      |                             |                                                                                                                                                                                                     |  |  |  |
| Please indicate which identification of                                                                                                                                                                                                                                               | document     | s ha         | ve been s                                            | igh                         | ted by placing a $oxdot$ in the box.                                                                                                                                                                |  |  |  |
| LIST 1<br>SIGNATURE DOCUMENT                                                                                                                                                                                                                                                          |              |              |                                                      |                             | LIST 2<br>SIGNATURE DOCUMENT                                                                                                                                                                        |  |  |  |
| Driver licence/learner permit/proof of age card  Licence No:  Issued in the state of:                                                                                                                                                                                                 |              |              |                                                      |                             | 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 th  | e las        | st 2 years)                                          |                             | Credit card or bank card (do not attach copy)                                                                                                                                                       |  |  |  |
| NON-SIGNATURE DOCUMENT                                                                                                                                                                                                                                                                |              |              |                                                      |                             | Positive Notice Blue or Exemption card                                                                                                                                                              |  |  |  |
| Birth certificate (or extract)  Proof of Australian citizenship or permanent residency                                                                                                                                                                                                |              |              | idency                                               |                             | Student identification card issued by an education institution (with photo and signature)  Queensland Gaming Machine Licence                                                                        |  |  |  |
|                                                                                                                                                                                                                                                                                       | permanem     | 11631        | idericy                                              |                             | NON-SIGNATURE DOCUMENT                                                                                                                                                                              |  |  |  |
| Overseas Passport (current)                                                                                                                                                                                                                                                           |              |              |                                                      | ٦                           | Medicare card                                                                                                                                                                                       |  |  |  |
| 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 d   | ocur         | nents sig                                            | hte                         | d for verification purposes (excluding credit or bank cards).                                                                                                                                       |  |  |  |
| Part F – Organisation declaration (to                                                                                                                                                                                                                                                 | o be comp    | olete        | ed by the                                            | org                         | 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                                                                                                                                                                                                                                                 |              |              |                                                      |                             |                                                                                                                                                                                                     |  |  |  |
| <ul> <li>I am authorised to submit this application on behalf of the organisation;</li> <li>the applicant is proposing to start or continue in regulated employment and an exemption does not apply;</li> </ul>                                                                       |              |              |                                                      |                             |                                                                                                                                                                                                     |  |  |  |
| • I have warned the applicant that it is an offence for a disqualified person to sign a blue card application (see page 4)#; and                                                                                                                                                      |              |              |                                                      |                             |                                                                                                                                                                                                     |  |  |  |
| <ul> <li>I have either:</li> <li>checked the details provided in this form and confirmed they match those on the identification documents sighted; or</li> <li>delegated this responsibility to a prescribed person and have attached the 'Confirmation of identity' form.</li> </ul> |              |              |                                                      |                             |                                                                                                                                                                                                     |  |  |  |
| Note: It is an offence not to warn the applicant that it is an offence for a disqualified person to sign a blue card application.                                                                                                                                                     |              |              |                                                      |                             |                                                                                                                                                                                                     |  |  |  |
|                                                                                                                                                                                                                                                                                       |              |              |                                                      |                             |                                                                                                                                                                                                     |  |  |  |
|                                                                                                                                                                                                                                                                                       |              |              |                                                      |                             | Name of representative                                                                                                                                                                              |  |  |  |
| Signature of representative                                                                                                                                                                                                                                                           |              |              |                                                      | J                           |                                                                                                                                                                                                     |  |  |  |
| Date of signature DDD MMM                                                                                                                                                                                                                                                             | Y Y          | Y Y          |                                                      |                             | Position of representative                                                                                                                                                                          |  |  |  |

## **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<sup>^</sup> 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
  - o 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.

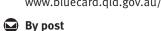
A disqualified person can apply to be declared eligible to apply for a blue card in certain limited circumstances.

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

#### **Application lodgement**

Applications may be lodged by one of the following methods:

Scan and upload www.bluecard.qld.gov.au/uploadform



PO Box 12671, Brisbane George Street QLD 4003

In person
53 Albert Street, Brisbane QLD 4000

**By fax** 07 3035 5910

Applicant's name DJAG 001.V2 JUN17

| Part G – Payment options for PAID employees only<br>The application fee is GST exempt (under division 81), non refundable and subject to change.         |  |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| An \$87.20 fee is required for paid employees. Please select one of the following payment methods:                                                       |  |  |  |  |  |  |  |
| Credit card—complete payment online at www.bluecard.qld.gov.au                                                                                           |  |  |  |  |  |  |  |
| Receipt number Date payment made Date payment made                                                                                                       |  |  |  |  |  |  |  |
| To avoid delays in processing, please attach a copy of the receipt when paying by credit card and ensure all applicant details match those on this form. |  |  |  |  |  |  |  |
| Cash or EFTPOS (over the counter transaction only)                                                                                                       |  |  |  |  |  |  |  |
| Cheque/Money order—made payable to Blue Card Services (ABN 60 789 586 626)                                                                               |  |  |  |  |  |  |  |
| Postal address for receipt (must be completed if the receipt is to be sent to someone other than the applicant)                                          |  |  |  |  |  |  |  |
|                                                                                                                                                          |  |  |  |  |  |  |  |
| Postcode Postcode                                                                                                                                        |  |  |  |  |  |  |  |
| Email address for receipt                                                                                                                                |  |  |  |  |  |  |  |

# Blue Card Services, Department of Justice and Attorney-General

- ① Scan and upload at www.bluecard.qld.gov.au/uploadform
- PO Box 12671, Brisbane George Street QLD 4003
- â 53 Albert Street, Brisbane QLD 4000

- **(**) 07 3211 6999 or 1800 113 611
- Fax 07 3035 5910
- www.bluecard.qld.gov.au