

SLSQ Procedure

Subject: Completing Blue Card Applications and Submission to Blue Card Services	Department: Administration and Compliance
Procedure No: ADM006	Version No: 1
Effective Date: 07.08.2020	Approved Date: 04.08.2020
Revision Date: 31.07.2021	Approved by: Membership Services

Purpose

To provide direction on which form a member should complete, assist clubs to check accuracy of the completed blue card application and uploading the application to Blue Card Services directly to their website.

Scope

For the attention and action of affiliated Clubs and Branches.

Definitions

BCS – Blue Card Services

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Background

To ensure that our volunteers can continue within their roles, it is extremely important to ensure the applications are completed correctly the first time to prevent delays and requests for further information from BCS.

Procedure

Which form to complete

Please distribute this flow chart to members directing them to complete the appropriate form and confirm members have completed the correct form.

All current Blue Cards forms can be found at [SLSQ App - Blue Card Forms](#)

Please see Appendix A.

SLSQ Organisation details

The following fields in any Blue Card application must be completed with these details as these are registered with Blue Card Services for Surf Life Saving Queensland and affiliated clubs.

Organisation details

Name of organisation:	Surf Life Saving Queensland
Organisation ID number:	85968
Postal address:	PO Box 3747 SOUTH BRISBANE QLD 4101
Contact person's name:	Kerrie Barnes
Contact person's position:	SM Business Process Improvement
Telephone:	07 3846 8000
Email:	bluecards@lifesaving.com.au
Category of child related activity:	Churches, clubs and associations SLSQ and clubs come under this category



Blue card application

This form is to be completed for new or renewal applications for both volunteers and paid employees.

Please ensure applicants have read through and understand the application and applicant's declaration.

Applications for paid employees at the club are to be paid by the club prior to submitting the application. Ensure you have completed Part G on page 5 of the application.

Blue Card Services
 Department of Justice and Attorney-General



Working with Children Check
Queensland's blue card system



BC
NEW/RENEWAL
Valid for lodgement until 31 March 2020

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.

Important Notice

If you are eligible to apply for a blue card (please see **disqualified person**⁸ and **negative notice holder**⁹ definition on page 4), continue to complete this application. If you are not eligible, **do not** complete this form. Disqualified persons must complete an *Eligibility Declaration* and negative notice holders must complete the *Application to Cancel a Negative Notice* if two years have passed since the negative notice was issued.

Part A – Child related activity details
(to be completed by the organisation)

1 Please select the type of child-related employment for which a blue card is required:

Paid employee (payment details required in Part G)

Volunteer (no payment required)

Student (no payment required)

2 Is this application associated with NDIS?

Yes No

3 Is the applicant an EQ staff member or volunteer working at a Queensland State School?

Yes You must complete the QSS form 067. Do not complete this form.

No

Part C – Category of child related activity
(to be completed by the organisation)

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

Staff member of an education and care or QEC service (e.g. long day care, outside school hours care, kindergarten, occasional care, limited hours care)-

Other (e.g. nanny, babysitter)

Churches, clubs and associations

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)

Licensed care services

Non-State Schools/Independent school (other than registered teachers and parents)

Paid private teaching, coaching or tutoring

Religious representatives

Residential facilities

School boarding houses

School crossing supervisors

Schools, other than EQ staff or volunteers (e.g. P&C, cleaner)

Sport and active recreation

~ If you apply under this category, information about your blue card status may be provided to certain regulatory, supervisory or governing bodies.

Part B – Organisation details
(to be completed by the organisation)

1 Name of organisation
SURF LIFE SAVING QUEENSLAND

2 Organisation ID number (if known)
85908

3 Postal address of organisation
PO Box 3747
SOUTH BRISBANE Postcode 4101

4 Contact person's name
DAVID NOTHARD

5 Contact person's position
CHIEF FINANCIAL OFFICER

6 Telephone
07 38468000

7 Email
bluecards@lifesaving.com.au

Please ensure this section is completed with these details only as they are registered for SLSQ with Blue Card Services.



Applicant's name



Please ensure applicant has completed all their personal details correctly.

Part D – Applicant's details (to be completed by the applicant)	
<p>1 Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/></p>	<p>12 Previous blue/exemption card number (if applicable): <input type="text"/> / <input type="text"/></p>
<p>2 Full legal name Family name <input type="text"/> First name <input type="text"/> Middle name <input type="text"/> No middle name (please tick) <input type="checkbox"/></p>	<p>13 Are you, or have you ever been a: (please tick)</p> <p><input type="checkbox"/> Foster or kinship carer <input type="checkbox"/> Health practitioner <input type="checkbox"/> Operator/supervisor/carer of a child care or education service <input type="checkbox"/> Teacher</p>
<p>3 Do you have a previous name, or have you been known by any other name? Yes <input type="checkbox"/> (record details below) No <input type="checkbox"/> It does not matter how long ago you used the name or how long the name was used for e.g. • birth name • name before marriage • married name • alias • change by certificate • adoption • changed order of name Family name <input type="text"/> First name <input type="text"/> Middle name <input type="text"/> If you require more space, please tick this box <input type="checkbox"/> and attach a separate list.</p>	<p>14 Applicant's declaration I declare that:</p> <ul style="list-style-type: none"> I have read the information on page 4 and I am not disqualified from applying for a blue card[#]; I have read the information on page 4 and I do not hold a negative notice[~]; I am the applicant named in this form and have not omitted any names or aliases that I use or have used in the past; the information and identification documents provided by me for this application are true and correct and I understand it is an offence to provide a false or misleading statement or document; I consent to information from any police, court, prosecuting authority or other authorised agency being obtained and for the police, courts, prosecuting authority or other authorised agency to disclose any information for the purposes of assessing my eligibility to work with children including ongoing checks while my application/blue card remains current; I understand that the information obtained includes but is not limited to details of convictions[^] and pending or non-conviction charges* or information on the circumstances relating to offences committed or allegedly committed by me, regardless of when and where the offence or alleged offence occurred; I am proposing to start or continue in regulated employment and am not entitled to an exemption; and I understand and will comply with my blue card obligations including that I must notify Blue Card Services within 14 days if I change my name, contact details, or my child-related employment ends. <p>Sign inside the box. Please do not touch or go outside the lines.</p> <div style="border: 2px solid black; height: 60px; width: 100%;"></div> <p>Date of signature <input type="text"/> / <input type="text"/> / <input type="text"/></p>
<p>4 Gender <input type="text"/></p>	
<p>5 Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/></p>	
<p>6 Place of birth Town/City <input type="text"/> State/Territory <input type="text"/> Country <input type="text"/></p>	
<p>7 Current postal address (within Australia) <input type="text"/> <input type="text"/> Postcode <input type="text"/></p>	
<p>8 Current residential address (if different to above) <input type="text"/> <input type="text"/> Postcode <input type="text"/></p>	
<p>9 Telephone number Daytime <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
<p>10 Email <input type="text"/></p>	
<p>11 Do you identify as? (if applicable)</p> <p><input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Prefer not to state</p>	

Please ensure applicant has signed and dated this section. This signature is scanned and copied to the blue card. It cannot be scanned correctly if it touches or goes through the line of the box. MUST BE HANDWRITTEN.

Applicant's name



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 must be used: **EITHER**

List 1 + List 1 (one must show a signature)

OR

List 1 + List 2 (one must show a signature)

If one of the valid identification combinations above cannot be provided, complete and attach a 'Request to consider alternative identification' form.

If the applicant resides more than 50km from the organisation or has a disability which affects their mobility, complete and submit a 'Confirmation of identity' form.

Please indicate which identification documents have been sighted by placing a in the box.

<p>LIST 1 SIGNATURE DOCUMENT</p> <p><input type="checkbox"/> Driver licence/learner permit/proof of age/photo identification card Licence/reference No: <input type="text"/> Issued in the state of: <input type="text"/></p> <p><input type="checkbox"/> Australian Passport (current or expired in the last 2 years)</p> <p>NON-SIGNATURE DOCUMENT</p> <p><input type="checkbox"/> Birth certificate (or extract)</p> <p><input type="checkbox"/> Proof of Australian citizenship or permanent residency</p> <p><input type="checkbox"/> Overseas Passport (current) Country of issue: <input type="text"/></p> <p>Please sight applicant's two forms of identification, either both from List 1 or one from List 1 and one from List 2. Please ensure these are indicated on the application.</p>	<p>LIST 2 SIGNATURE DOCUMENT</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Credit card or bank card (do not attach copy)</p> <p><input type="checkbox"/> Positive Notice Blue or Exemption card</p> <p><input type="checkbox"/> Student Identification card Issued by an education institution (with photo and signature)</p> <p><input type="checkbox"/> Queensland Gaming Machine Licence</p> <p>NON-SIGNATURE DOCUMENT</p> <p><input type="checkbox"/> Medicare card</p> <p><input type="checkbox"/> Queensland crowd controller/private investigator/security officer licence</p> <p><input type="checkbox"/> Passbook or account statement Issued by a financial institution dated in the last 6 months</p> <p><input type="checkbox"/> Australian taxation assessment notice dated in the last 6 months</p> <p><input type="checkbox"/> Queensland Licence Issued under the Weapons Act 1990</p>
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If possible, please attach a photocopy of the documents sighted for verification purposes (excluding credit or bank cards).

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 provide a false or misleading statement or document;
- I am authorised to submit this application on behalf of the organisation;
- 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)²; and
- I have either:
 - checked the details provided in this form and confirmed they match those on the identification documents sighted; or
 - delegated this responsibility to a prescribed person and have attached the 'Confirmation of identity' form.

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

Position of representative

Date of signature

Applicant's name

Please ensure an authorised person has signed and dated this section before application submission. Must be signed and dated on the same day or later than the date of the applicant, must not be earlier. Please ensure all sections of the application are completed correctly and details match identification and signature of applicant.

Link an applicant

To link an applicant/cardholder to this organisation who has a current blue card with their employer or another organisation they volunteer with.

Please sight current blue card.

Please ensure applicants have read through and understand the application and applicant's declaration.

Blue Card Services
Department of Justice and Attorney-General



Valid for lodgement
until 31 March 2020

Link an applicant/cardholder to this organisation

Working with Children (Risk Management and Screening) Act 2000

This form is to be completed by applicants/cardholders who have applied for, or hold a blue/exemption card to advise they are undertaking child-related activities with a new or additional organisation.

Please ensure applicant has completed all their personal details correctly.

Please sight current blue card.

Part A – Cardholder/applicant's details	
1 Family name	<input type="text"/>
2 First name	<input type="text"/>
3 Middle name	<input type="text"/>
4 Date of birth	<input type="text"/> <input type="text"/> <input type="text"/>
5 Current postal address	<input type="text"/>
	<input type="text"/> Postcode
6 Telephone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7 Mobile	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8 Email	<input type="text"/>
9 Card number (if known)	<input type="text"/>

Part B – New child related activity type
Please indicate the type of child-related activity for the new or additional organisation:
<input checked="" type="checkbox"/> Volunteer (no payment required) <input type="checkbox"/> Student (no payment required) <input type="checkbox"/> Paid employee (payment required if currently hold a V card)

PLEASE SELECT ONE → This refers to the role they will be in within the club/SLSQ regardless of the role they received the card through as a paid employee or as a volunteer with another organisation.

Part C – Organisation details (to be completed by the organisation)	
1 Name of organisation	<input type="text"/> SURF LIFE SAVING QUEENSLAND
2 Organisation ID number (if known)	<input type="text"/> 85908
3 Postal address of organisation	<input type="text"/> PO Box 3747
	<input type="text"/> SOUTH BRISBANE Postcode <input type="text"/> 4101
4 Contact person's name	<input type="text"/> DAVID NOTHARD
5 Contact person's position	<input type="text"/> CHIEF FINANCIAL OFFICER
6 Telephone	<input type="text"/> 0 7 3 8 4 6 8 0 0 0
7 Email	<input type="text"/> bluecards@lifesaving.com.au

Please ensure this section is completed with these details only as they are registered for SLSQ with Blue Card Services.

Please ensure all sections of the application are completed correctly and details match identification and signature of applicant.





Part D – Category of child related activity (to be completed by the organisation)

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
 - Staff member of an education and care or QEC service (e.g. long day care, outside school hours care, kindergarten, occasional care, limited hours care)
 - Other (e.g. nanny, babysitter)
 - Churches, clubs and associations
 - Education programs conducted outside school (suspended or excluded students or flexible arrangements under the Education (General Provisions) Act 2006)
- Emergency services cadet program
- Family day care
 - Educator
 - Paid assistant

Address where family day care is being provided:

Postcode

- Health, counselling and support services (including disability services)
- Licensed care services
- Non-State Schools/independent school (other than registered teachers and parents)
- Paid private teaching, coaching or tutoring
- Religious representatives
- Residential facilities
- School boarding houses
- School crossing supervisors
- Schools, other than EQ staff or volunteers (e.g. P&C, cleaner)*
- Sport and active recreation

~ If you apply under this category, information about your blue card status may be provided to certain regulatory, supervisory or governing bodies.

*EQ staff or volunteers working at a school must complete form 068.

Part E – Cardholder/applicant's declaration

I declare that:

- the details provided in this form are true and correct;
- I understand it is an offence to provide a false or misleading statement or document;
- I am proposing to start or continue in regulated employment;
- I am not entitled to an exemption; and
- I understand that I must notify Blue Card Services within 14 days if I change my name, contact details, or my child-related employment ends.

Signature of applicant/cardholder

Full name of applicant / cardholder

Date of signature

Please ensure applicant has signed and dated this section.

Part F – Organisation/employer declaration

I declare that:

- the details provided in this form are true and correct;
- I understand it is an offence to provide a false or misleading statement or document;
- I am authorised to submit this form on behalf of the organisation;
- the blue/exemption card holder/applicant is proposing to start or continue in regulated employment with the organisation listed in Part C;
- an exemption does not apply;
- I have either:
 - checked the name, date of birth and signature details provided in this form and confirmed they match those on the identification documents sighted; or
 - delegated this responsibility to a prescribed person and have attached the 'Confirmation of identity' form.

Signature of representative

Name of representative

Position of representative

Date of signature

Please ensure an authorised person has signed and dated this section before application submission. Must be signed and dated on the same day or later than the date of the applicant, must not be earlier.

Applicant's name



Exemption card application

Only for Queensland registered teachers and Queensland police officers.

Please ensure applicants have read through and understand the application and applicant's declaration.

Blue Card Services
Department of Justice and Attorney-General



Working with Children Check
Queensland's blue card system

Exemption card application

Working with Children (Risk Management and Screening) Act 2000

This form is to be completed by Queensland registered teachers and Queensland police officers proposing to start or continue in child-related employment.

If you are working at a Queensland State School, you must complete the QSS form 067.

E

Valid for lodgement until 31 March 2020

Part A – Exemption status
(to be completed by the applicant)

Please indicate if you are a Queensland:

Registered teacher; or

Police officer

Record teacher registration/police identification number

Part B – Child related activity details
(to be completed by the organisation)

1 Please select the type of child-related employment for which a blue card is required:

Paid employee

Volunteer

Student

2 Is this application associated with NDIS?

Yes No

Part C – Organisation details
(to be completed by the organisation)

1 Name of organisation
SURF LIFE SAVING QUEENSLAND

2 Organisation ID number (if known)
85008

3 Postal address of organisation
PO Box 3747
SOUTH BRISBANE Postcode 4101

4 Contact person's name
DAVID NOTHARD

5 Contact person's position
CHIEF FINANCIAL OFFICER

6 Telephone 0 7 3 8 4 6 8 0 0 0

7 Email bluecards@lifesaving.com.au

Part D – Category of child related activity
(to be completed by the organisation)

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

Staff member of an education and care or QEC service (e.g. long day care, outside school hours care, kindergarten, occasional care, limited hours care)

Other (e.g. nanny, babysitter)

Churches, clubs and associations

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)

Licensed care services

Non-State Schools/independent school (other than registered teachers and parents)

Paid private teaching, coaching or tutoring

Religious representatives

Residential facilities

School boarding houses

School crossing supervisors

Schools, other than EQ staff or volunteers (e.g. P&C, cleaner)

Sport and active recreation

~ If you apply under this category, information about your blue card status may be provided to certain regulatory, supervisory or governing bodies.

Please ensure this section is completed with these details only as they are registered for SLSQ with Blue Card Services.



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Applicant's name



Please ensure applicant has completed all their personal details correctly.

Part E – Applicant's details (to be completed by the applicant)

1 Title Mr Mrs Miss Ms
Other

2 Full legal name
Family name
First name
Middle name
No middle name (please tick)

3 Do you have a previous name, or have you been known by any other name?
Yes (record details below) No
It does not matter how long ago you used the name or how long the name was used for e.g.
• birth name • name before marriage • married name
• alias • change by certificate • adoption
• changed order of name
Family name
First name
Middle name
If you require more space, please tick this box and attach a separate list.

4 Gender

5 Date of birth

6 Place of birth
Town/City
State/Territory
Country

7 Current postal address (within Australia)

Postcode

8 Current residential address (if different to above)

Postcode

9 Telephone number
Daytime
Mobile

10 Email

11 Do you identify as? (if applicable)
 Aboriginal Torres Strait Islander
 Aboriginal and Torres Strait Islander
 Prefer not to state

12 Previous blue/exemption card number (if applicable):
 /

13 Are you, or have you ever been a: (please tick)
 Foster or kinship carer
 Health practitioner
 Operator/supervisor/carer of a child care or education service
 Teacher

14 Applicant's declaration
I declare that:
• I am the applicant named in this form and have not omitted any names or aliases that I use or have used in the past;
• the information and identification documents provided by me for this application are true and correct and I understand it is an offence to provide a false or misleading statement or document;
• I consent to information from any police, court, prosecuting authority or other authorised agency being obtained and for the police, courts, prosecuting authority or other authorised agency to disclose any information for the purposes of assessing my eligibility to work with children including ongoing checks while my application/exemption card remains current;
• I understand that the information obtained includes but is not limited to details of convictions* and pending or non-conviction charges* or information on the circumstances relating to offences committed or allegedly committed by me, regardless of when and where the offence or alleged offence occurred;
• I am a registered teacher or police officer proposing to start or continue in regulated employment and am not entitled to an exemption on the basis of that regulated employment; and
• I understand and will comply with my blue card obligations including that I must notify Blue Card Services within 14 days if I change my name, contact details, or my child-related employment ends.

Sign inside the box.
Please do not touch or go outside the lines.

Date of signature

Please ensure applicant has signed and dated this section. This signature is scanned and copied to the blue card. It cannot be scanned correctly if it touches or goes through the line of the box. MUST BE HANDWRITTEN.

Applicant's name



Part F – 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 E.

One of the following combinations must be used: **EITHER**

- List 1 + List 1 (one must show a signature)
 OR
 List 1 + List 2 (one must show a signature)

If one of the valid identification combinations above cannot be provided, complete and attach a 'Request to consider alternative identification' form.

If the applicant resides more than 50km from the organisation or has a disability which affects their mobility, complete and submit a 'Confirmation of identity' form.

Please indicate which identification documents have been sighted by placing a in the box.

LIST 1 SIGNATURE DOCUMENT	LIST 2 SIGNATURE DOCUMENT
<input type="checkbox"/> Driver licence/learner permit/proof of age/photo identification card Licence/reference No: <input style="width: 100%;" type="text"/> Issued in the state of: <input style="width: 100%;" type="text"/> <input type="checkbox"/> Australian Passport (current or expired in the last 2 years)	<input type="checkbox"/> 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. <input type="checkbox"/> Credit card or bank card (<i>do not attach copy</i>) <input type="checkbox"/> Positive Notice Blue or Exemption card <input type="checkbox"/> Student Identification card issued by an education institution (with photo and signature) <input type="checkbox"/> Queensland Gaming Machine Licence
NON-SIGNATURE DOCUMENT	NON-SIGNATURE DOCUMENT
<input type="checkbox"/> Birth certificate (or extract) <input type="checkbox"/> Proof of Australian citizenship or permanent residency <input type="checkbox"/> Overseas Passport (current) Country of issue: <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Medicare card <input type="checkbox"/> Queensland crowd controller/private investigator/security officer licence <input type="checkbox"/> Passbook or account statement issued by a financial institution dated in the last 6 months <input type="checkbox"/> Australian taxation assessment notice dated in the last 6 months <input type="checkbox"/> Queensland Licence issued under the <i>Weapons Act 1990</i>

Please sight applicant's two forms of identification, either both from List 1 or one from List 1 and one from List 2. Please ensure these are indicated on the application.

If possible, please attach a photocopy of the documents sighted for verification purposes (excluding credit or bank cards).

Part G – 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 documents.

I declare that:

- I understand that it is an offence to provide a false or misleading statement or document;
- I am authorised to submit this application on behalf of the organisation;
- the applicant is proposing to start or continue in regulated employment and an exemption does not apply; and
- I have either:
 - checked the details provided in this form and confirmed they match those on the identification documents sighted; or
 - delegated this responsibility to a prescribed person and have attached the 'Confirmation of identity' form.

Name of representative

Signature of representative

Date of signature:

Position of representative

Applicant's name

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Please ensure an authorised person has signed and dated this section before application submission. Must be signed and dated on the same day or later than the date of the applicant, must not be earlier. Please ensure all sections of the application are completed correctly and details match identification and signature of applicant.

Uploading applications to Blue Card Services

1. Scan application and ensure document includes all pages and is legible (able to be clearly read on the screen). Each scanned document must only be one application.
2. In your web browser go to the below link:

<https://www.qld.gov.au/law/laws-regulated-industries-and-accountability/queensland-laws-and-regulations/regulated-industries-and-licensing/blue-card/contacting/submit-scanned-form>

Contacting Blue Card Services

- > Contact Blue Card Services
- > Subscribe to a Blue Card Services newsletter
- > Attend a Blue Card Services event
- > Submit a scanned form**
- > Respond to request for information from Blue Card Services

Print

Submit a scanned form

Once you have filled in your blue card application form, upload it here to send it to Blue Card Services.

If payment is required, you need to pay online before you submit. **SELECT TO GO TO PAYMENT PAGE**

Things you need to know

Before uploading your form, please ensure it is:

- saved as a PDF file
- less than 10MB.

Only 1 form will be accepted per submission.

Submit a scanned form

Does your form require payment?

SELECT FOR VOLUNTEER APPLICATIONS →

Upload a form that does not require payment of a fee

SELECT FOR PAID APPLICATIONS →

Upload a form that requires payment of a fee and you have already paid online

A. Volunteer, does not require a payment of a fee

Only 1 form will be accepted per submission.

Submit a scanned form

Does your form require payment?

- Upload a form that does not require payment of a fee
- Upload a form that requires payment of a fee and you have already paid online

Upload a form that does not require payment of a fee
(If you chose 'No' above)

Select Form

Form type:

Click dropdown arrow and select:

- For new/renewal applications
- Blue card application (BC)-Volunteers, under Applications heading
- For exemption card applications
- Exemption card application (E), under Applications heading
- For link forms
- Link an applicant/cardholder to this organisation (Authorisation), under Link to Organisation heading

Details

Applicant first name:*

Applicant middle name:

Applicant family name:*

Blue card/Reference number:
(if known)

 /

Browse file: (PDF)*

 No file chosen

Upload the member's scanned application

I declare that my uploaded documents do not contain copies or information relating to a credit/bank card or any other banking information.

← PLEASE CHECK BOX

Email me confirmation of successful lodgement (please untick this box if you do not require email confirmation).

Email address:*

Enter your club admin email address to receive the email confirmation of submission.

Submit

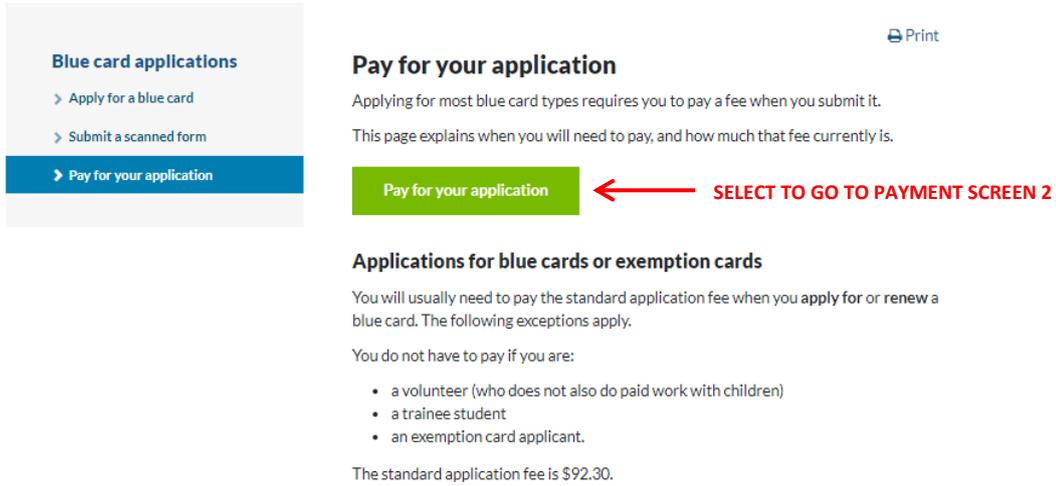
3. Once submitted and confirmation email is received from BCS please forward the following to bluecards@lifesaving.com.au:
 - a. confirmation of submission email; and
 - b. scanned application labelled as "Member Name-Member Club"
4. SLSQ will save the application and record the date of submission in Surfguard.
5. Confirmations of blue cards will be received and entered into Surfguard by SLSQ.

B. Paid staff, requires payment of a fee, that has been paid online already

If the applicant is a paid employee this needs to be paid for prior to uploading as the receipt number is required when submitting the application.

1. Pay for paid employee blue card application. Select ‘Pay for your application’ to be taken to payment screen.

Payment Screen 1



Blue card applications

- > Apply for a blue card
- > Submit a scanned form
- > Pay for your application

Pay for your application Print

Applying for most blue card types requires you to pay a fee when you submit it. This page explains when you will need to pay, and how much that fee currently is.

Pay for your application ← **SELECT TO GO TO PAYMENT SCREEN 2**

Applications for blue cards or exemption cards

You will usually need to pay the standard application fee when you **apply for** or **renew** a blue card. The following exceptions apply.

You do not have to pay if you are:

- a volunteer (who does not also do paid work with children)
- a trainee student
- an exemption card applicant.

The standard application fee is \$92.30.

Payment Screen 2

1. Fill in Applicant’s name, date of birth and email address. Then select ‘NEXT’.

Make a payment to Blue Card Services

Please note - this function only allows payment for one application per transaction

Instructions:

1. **1. Biller Code** Select the relevant biller code (see table below)

Application type	Fee	Biller Code
Blue Card (new or renewal)	\$92.30	1396134
Volunteer to Paid Transfer	\$92.30	1396134
Link to org requiring payment	\$92.30	1396134
Replacement Card	\$13.95	1396142
Application to cancel a negative notice	\$92.30	1396134
Eligibility Declaration	\$92.30	1396159

2. **2. Applicant Name** Enter the full name of the blue card applicant. This name **must match** the name on the application being submitted or delays may occur.

3. **3. Applicant Date of Birth** Enter the applicant's date of birth (DD/MM/YYYY)

4. **4. Applicant Email Address** Enter the applicant's email address. *Note: if the applicant does not have an email address, please provide the employer's email.*

5. **5. Select Next** to enter payment amount and Visa or MasterCard details (see the table above for application fees).

Following a successful payment:

Record the receipt number on the application form and submit it to Blue Card Services. The completed form can be lodged via the website using the [upload](#) function or post the form to [Blue Card Services](#).

TRAINEE STUDENTS AND VOLUNTEERS: DO NOT PAY FOR A NEW OR RENEWAL APPLICATION. PAYMENT IS NON-REFUNDABLE.

Biller Code

1396134 - Blue Card Services Online Payment

Applicant Name

Employee’s first and last names

Applicant Date of Birth

Employee’s date of birth, see their application form

Applicant Email Address

Employee’s personal email address, see their application form

NEXT >

Payment Screen 3

2. Enter correct payment amount according to the relevant application that is being submitted. Then select 'NEXT'.

Make a payment to Blue Card Services

Please note - this function only allows payment for one application per transaction

Instructions:

1. **1. Biller Code** Select the relevant biller code (see table below)

Application type	Fee	Biller Code
Blue Card (new or renewal)	\$92.30	1396134
Volunteer to Paid Transfer	\$92.30	1396134
Link to org requiring payment	\$92.30	1396134
Replacement Card	\$13.95	1396142
Application to cancel a negative notice	\$92.30	1396134
Eligibility Declaration	\$92.30	1396159

2. **2. Applicant Name** Enter the full name of the blue card applicant. This name **must match** the name on the application being submitted or delays may occur.

3. **3. Applicant Date of Birth** Enter the applicant's date of birth (DD/MM/YYYY)

4. **4. Applicant Email Address** Enter the applicant's email address. *Note: if the applicant does not have an email address, please provide the employer's email.*

5. **Select Next** to enter payment amount and Visa or MasterCard details (see the table above for application fees).

Following a successful payment:

Record the receipt number on the application form and submit it to Blue Card Services. The completed form can be lodged via the website using the [upload](#) function or post the form to [Blue Card Services](#).

TRAINEE STUDENTS AND VOLUNTEERS: DO NOT PAY FOR A NEW OR RENEWAL APPLICATION. PAYMENT IS NON-REFUNDABLE.

You are paying

Blue Card Services

Biller Code

1396134 - Blue Card Services Online Payment

Applicant Name

Applicant Date of Birth

Applicant Email Address

Amount

AUD

Accepted Cards



< BACK

NEXT >

Payment Screen 4

3. Enter your payment method details. Then select 'NEXT'.

Amount
AUD 92.30

Accepted Cards



Card number

Expiry date

 CVN ⓘ

[< BACK](#) [NEXT >](#)

4. A Review Details pop up will appear. Confirm details are correct then select 'PAY'.
5. The next screen will tell you your payment was successful and provide you with a receipt number. Record this receipt number into Part G of the employee's application.
6. Enter your club administration email address into the box after the payment details and select 'EMAIL RECEIPT'.
7. Select Print Receipt to print and save a pdf for credit card reconciliation and staff records.



 Print Receipt

Your payment was successful - Receipt 5572 2462 047

8. Scan and submit application.

Only 1 form will be accepted per submission.

Submit a scanned form

Does your form require payment?

- Upload a form that does not require payment of a fee
- Upload a form that requires payment of a fee and you have already paid online

Upload a form that requires payment of a fee and you have already paid online
(If you chose 'Yes' above)

Select form

Form type:

Click dropdown arrow and select:
 For new/renewal applications
 Blue card application (BC), under Applications heading
 For link forms
 Link an applicant/cardholder to this organisation (Authorisation),
 under Link to Organisation heading

Details

Applicant first name: *

Applicant middle name:

Applicant family name: *

Blue card/Reference number: /
(if known)

Upload form: * No file chosen (PDF)

Upload the member's scanned application

Payment Details

Receipt number: *
(no spaces)

I declare that my uploaded documents do not contain copies or information relating to a credit/bank card or any other banking information. ← PLEASE CHECK BOX

Email me confirmation of successful lodgement (please untick this box if you do not require email confirmation).

Email address: *

Enter your club admin email address to receive the email confirmation of submission.

Surfguard and Blue card data

To ensure data accuracy please do not remove any entered data except when updating the application submission date for a new form.

Member Protection	
Member Protection Declaration Form:	<input type="checkbox"/> Completed
Member Protection Declaration Date:	CLUB TO ENTER Date uploaded & sent to SLSQ <input type="text"/> (dd/mm/yyyy)
Member Protection Declaration Expiry Date:	<input type="text"/> (dd/mm/yyyy) <small>Date of Positive Notice letter/confirmation</small>
Working with Children Registration / Verification Date:	<input type="text"/> (dd/mm/yyyy)
Working with Children Registration Expiry Date:	<input type="text"/> (dd/mm/yyyy) <small>Card expiry date</small>
Working with Children Registration No:	<input type="text"/> <small>Card number</small>
Member Protection Note:	<p>SLSQ TO ENTER (All in blue) Please do not remove or change data in these fields to ensure data accuracy</p> <div style="border: 1px solid #ccc; height: 60px; width: 100%;"></div>
Screening Withdrawn Date:	<input type="text"/> (dd/mm/yyyy)
Screening Suitability Notice Date:	<input type="text"/> (dd/mm/yyyy) <small>Date sent to Blue Card Services/processed at SLSQ</small>
Screening Type:	<input type="text"/> ▼ Volunteer / Paid / Exemption
National Police Check Application No:	<input type="text"/>
National Police Check Expiry Date:	<input type="text"/> (dd/mm/yyyy)

Which Blue Card form should I complete?

