

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*** 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.

	rt A – Child-related activity details be completed by the organisation)		t C – Category of child-related activity the completed by the organisation)
	ease select the type of child-related employment for	,	rmation about categories of child-related employment
wr	ich a blue card is required:		whether any exemptions apply is available from v.bluecard.qld.qov.au.
	Paid employee (payment details required in Part G)		se select the type of child-related activity to which the
-	Volunteer (no payment required)	emp	loyment relates:
	Student (no payment required)		Child accommodation services including home stays
Pa	rt B – Organisation details		Child care (including education and care)
(to	be completed by the organisation)	~	Churches, clubs and associations
1	Name of organisation		Education programs conducted outside school
	Surf Life Saving Queensland		(suspended or excluded students or flexible arrangements under the <i>Education (General</i>
2	Organisation ID number (if known)		Provisions) Act 2006)
	85968		Emergency Services Cadet Program
3	Postal address of organisation		Health, counselling and support services
	PO BOX 3747 South Brisbane QLD		(including disability services)
	Postcode 4101		Licensed care services
			Local Government
4	Contact person's name		Paid private teaching, coaching or tutoring
	John Brennan		Religious representatives
5	Contact person's position		Residential facilities
	Chief Executive Officer		School boarding houses
			School crossing supervisors
6	Telephone 0 7 3 8 4 6 8 0 0 0		Schools (other than registered teachers and parents)
7	Email jbrennan@lifesaving.com.au		Sport and active recreation
O	FICIAL USE ONLY		
	ricial USE UNLY		Initials



Pa	rt D – Applicant's details (to be completed by the applica	nt)	
	Title Mr Mrs Miss Ms		Previous blue/exemption card number (if applicable):
_	Other		
2	Full legal name	1	Are you, or have you ever been a: (please tick)
	Family name		Health practitioner
	First name		Teacher
	Middle name		Foster or kinship carer
	No middle name (please tick)		Operator/supervisor/carer of a child care or education service
3	Do you have a previous name, or have you been known by any other name?	1	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 alias change by certificate adoption 		omitted any names or aliases that I use or have used
	• changed order of name		in the past;
	Family name		 the information and identification documents provided by me for this application are true and correct and
	First name		I understand it is an offence to provide a false or
	Middle name		misleading statement or document;
	If you require more space, please tick this box		I consent to information from any police, court, prospecting authority or other authorized agency being
	and attach a separate list.		prosecuting authority or other authorised agency being obtained and for the police, courts, prosecuting authority
4	Gender		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/
5	Date of birth DD MM MY YYYY		blue card remains current;
6	Place of birth		I understand that the information obtained includes
	Town/City		but is not limited to details of convictions [^] and pending or non-conviction charges [*] or information on
	State/Territory		the circumstances relating to offences committed or
	Country		allegedly committed by me, regardless of when and
7	Current postal address (within Australia)		where the offence or alleged offence occurred;I understand my organisation will be advised whether or
,			not I have a current application for, or hold a current blue/
			exemption card; the outcome of this application which
	Postcode		may include whether my application is withdrawn, or a negative notice issued, or if my blue/exemption card is
0	Current residential address (if different to above)		subsequently suspended or cancelled;
8	Current residential address (ii dirierent to above)		I am proposing to start or continue in regulated
			employment and am not entitled to an exemption;I understand and will comply with my blue card
	Postcode		obligations as a blue card applicant/cardholder; and
			I consent to confirmation of the validity of my blue card being published or provided.
9	Telephone number		being published or provided. Sign inside the box.
	Daytime Assista		Please do not touch or go outside the lines.
	Mobile		
10	Email		
11	Do you identify as? (if applicable)		
	Aboriginal Torres Strait Islander		
	Aboriginal and Torres Strait Islander		Date of signature
	Australian South Sea Islander		

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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 must be used: EITHER										
	List 1	+	List 1	(one must show a signature)						
L		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 an 'Identification verification by a prescribed person' form.										
Please indicate which identification	docume	nts ha	ve been s	ghted by placing a ☑ in the box.						
LIST 1 SIGNATURE DOCUMENT				LIST 2 SIGNATURE DOCUMENT						
Driver licence/learner permit/proof of age card Document 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 e	xpired in	the la	st 2 years)	Credit card or bank card						
NON-SIGNATURE DOCUMENT				Positive Notice Blue or Exemption card						
Birth certificate (or extract)	r n o rm o n o	nt roc	idonav	Student identification card issued by an education institution (with photo and signature) Queensland Gaming Machine Licence						
Proof of Australian citizenship o	r permane	ent res	laency	NON-SIGNATURE DOCUMENT						
Overseas Passport (current) Country of issue:				Medicare card						
				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 19	90					
If possible, please attach a photoco	py of the	docu	ments sig	ted to this application form for verification purposes.						
Part F – Organisation declaration (to be cor	nplet	ed by the	rganisation)						
	t be com	plete		ganisation's representative irrespective of whether or not the	ıe					
I understand that it is an offence to the second seco	•			=						
 I am authorised to submit this ap the applicant is proposing to star 	•			organisation; employment and an exemption does not apply;						
			_	alified person to sign a blue card application (see page 4)*;	and					
• I have either:	a thic form	n and	confirmo	thou match those on the identification documents sighted.	٥٢					
 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 'Identification verification by a prescribed person' form. 										
Note: It is an offence not to warn the a	applicant	that it	is an offe	ce for a disqualified person to sign a blue card application.						
			N. C.							
			Name of representative							
Signature of representative Date of signature D D M M	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 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.

Applicant's name PSBA 001 MAY16

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 \$84.25 to: Mastercard Visa Number						
Receipt details: Postal address for receipt (must be completed if the receipt is to be sent to someone other than the applicant) Postcode						

Blue Card Services, Public Safety Business Agency

- ① Scan and upload at www.bluecard.qld.gov.au/uploadform
- PO Box 12671, Brisbane George Street QLD 4003
- 6 53 Albert Street, Brisbane QLD 4000

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