

# 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 31 March 2020

# **Important Notice**

If you are eligible to apply for a blue card (please see **disqualified person** and **negative notice holder** 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.

| (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. |  |  |  |  |  |  |  |
|                                       | rt B – Organisation details<br>be completed by the organisation)  |  |  |  |  |  |  |  |
| 1                                     | Name of organisation  |  |  |  |  |  |  |  |
| 2                                     | Organisation ID number (if known)   |  |  |  |  |  |  |  |
| 3                                     | Postal address of organisation  |  |  |  |  |  |  |  |
|                                       | Postcode  |  |  |  |  |  |  |  |
| 4                                     | Contact person's name   |  |  |  |  |  |  |  |
| 5                                     | Contact person's position   |  |  |  |  |  |  |  |
| 6                                     | Telephone   |  |  |  |  |  |  |  |
| 7                                     | Email   |  |  |  |  |  |  |  |

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

Information about categories of child-related employment and whether any exemptions apply is available from www.bluecard.qld.qov.au.

Please select the type of child-related activity to which the employment relates:

| Chilo | d care   |
|-------|--|
|       | Staff member of an education and care or QEC service (e.g. long day care, outside school hours care, |

Child accommodation services including home stays

| 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 |
|--|
| <br>(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.



| Pa | rt D – Applicant's details (to be completed by the applican   | nt) |   |
|----|---|-----|---|
| 1  | Title Mr Mrs Miss Ms Other  | 12  | Previous blue/exemption card number ( <i>if applicable</i> ):   |
| 2  | Full legal name  Family name  First name  | 13  | Are you, or have you ever been a: (please tick)  Foster or kinship carer  Health practitioner   |
|    | Middle name  No middle name (please tick)   |     | Operator/supervisor/carer of a child care or education service  Teacher   |
| 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. | 12  | <ul> <li>A Applicant's declaration</li> <li>I declare that:         <ul> <li>I have read the information on page 4 and I am not disqualified from applying for a blue card#;</li> <li>I have read the information on page 4 and I do not hold a negative notice~;</li> <li>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;</li> <li>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;</li> <li>I consent to information from any police, court,</li> </ul> </li> </ul> |
| 4  | Gender  |     | prosecuting authority or other authorised agency being obtained and for the police, courts, prosecuting   |
| 6  | Date of birth  Date of birth  Place of birth  Town/City  State/Territory  Country   |     | <ul> <li>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;</li> <li>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</li> </ul>  |
| 7  | Current postal address (within Australia)  Postcode   |     | <ul> <li>allegedly committed by me, regardless of when and where the offence or alleged offence occurred;</li> <li>I am proposing to start or continue in regulated employment and am not entitled to an exemption; and</li> <li>I understand and will comply with my blue card</li> </ul>  |
| 8  | Current residential address (if different to above)   |     | 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.   |
|    | Postcode  |     | Sign inside the box. Please do not touch or go outside the lines.   |
|    | Telephone number Daytime Mobile   |     |   |
| 10 | Email   |     | Date of signature   |
| 11 | Do you identify as? (if applicable)  Aboriginal Torres Strait Islander  Aboriginal and Torres Strait Islander  Prefer not to state  |     | D D M M Y Y Y Y   |

| 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: <b>EITHER</b>  |                          |               |                        |      |   |  |  |  |  |
| _  | List 1                   | +             | List 1                 | (o   | ne must show a signature)   |  |  |  |  |
|  |                          | OR            |                        | _    |   |  |  |  |  |
|  | List 1                   | +             | List 2                 | (o   | ne must show a signature)   |  |  |  |  |
| If one of the valid identification con alternative identification' form.   | nbinations               | abov          | e cannot               | be p | provided, complete and attach a 'Request to consider  |  |  |  |  |
| If the applicant resides more than submit a 'Confirmation of identity'   |                          | the o         | rganisatio             | on o | r has a disability which affects their mobility, complete and   |  |  |  |  |
| Please indicate which identificatio  | n documer                | nts ha        | ve been s              | sigh | ted by placing a $oxdot$ in the box.  |  |  |  |  |
| LIST 1<br>SIGNATURE DOCUMENT   |                          |               |                        |      | LIST 2<br>SIGNATURE DOCUMENT  |  |  |  |  |
| Driver licence/learner permit/pidentification card  Licence/reference No:  |                          |               |                        |      | 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. |  |  |  |  |
| Issued in the state of:  |                          |               |                        |      | Credit card or bank card (do not attach copy)   |  |  |  |  |
| Australian Passport (current or  | expired in t             | the la        | st 2 years)            |      | Positive Notice Blue or Exemption card  |  |  |  |  |
| NON-SIGNATURE DOCUMENT   |                          |               |                        |      | Student identification card issued by an education institution (with photo and signature)   |  |  |  |  |
| Birth certificate (or extract)   |                          |               |                        |      | Queensland Gaming Machine Licence  NON-SIGNATURE DOCUMENT   |  |  |  |  |
| Proof of Australian citizenship  | or permane               | nt res        | idency                 |      |   |  |  |  |  |
| Overseas Passport (current)  |                          |               |                        | _    | Medicare card   |  |  |  |  |
| Country of issue:  |                          |               |                        |      | Queensland crowd controller/private investigator/<br>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 photoc  | opy of the               | docu          | ments sig              | hte  | d for verification purposes (excluding credit or bank cards).   |  |  |  |  |
| Part F - Organisation declaration  | (to be con               | nnlete        | ed by the              | org  | anisation)  |  |  |  |  |
| IMPORTANT NOTE: This section muorganisation can sight the identification of the declare that:  | st be comp<br>cation abo | pleted<br>ve. | d by the o             | rgaı | nisation's representative irrespective of whether or not the  |  |  |  |  |
| I understand that it is an offence   | •                        |               |                        |      | · ·   |  |  |  |  |
| <ul> <li>I am authorised to submit this a</li> <li>the applicant is proposing to sta</li> </ul>  |                          |               |                        |      |   |  |  |  |  |
| <ul> <li>the applicant is proposing to start or continue in regulated employment and an exemption does not apply;</li> <li>I have warned the applicant that it is an offence for a disqualified person to sign a blue card application (see page 4)#; and</li> </ul>   |                          |               |                        |      |   |  |  |  |  |
| I have either:   |                          |               | C.                     |      |   |  |  |  |  |
| <ul> <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>  |                          |               |                        |      |   |  |  |  |  |
| o delegated this responsibility to a prescribed person and have attached the <i>Confirmation of identity</i> form. <b>Note:</b> 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 |      |   |  |  |  |  |
| Cionatura of representative  |                          |               |                        |      |   |  |  |  |  |
| Signature of representative  Date of signature   | Y Y                      | Y             | ,                      |      | Position of representative  |  |  |  |  |
|  |                          |               |                        |      |   |  |  |  |  |

## **Privacy Notice**

The Department of Justice and Attorney-General (DJAG) is collecting your personal information under the *Working with Children (Risk Management and Screening) Act 2000 (WWC Act)*. Where relevant, DJAG will disclose personal information to organisations you work for or provide services to about whether you have a current application for, or hold a current blue/exemption card; the outcome of this application which may include its withdrawal or negative notice, or if your blue/exemption card is subsequently suspended or cancelled. DJAG publishes confirmation about whether your blue card is valid. DJAG will use and disclose your personal information to assess your application for a blue/exemption card and will disclose your personal information to courts, law enforcement agencies, disciplinary or supervisory bodies or anyone you have agreed for DJAG to discuss your application with. It may also be used to contact you with more information about your application and the Blue Card process. DJAG may use electronic communication for matters of information provision and collection of data for research purposes. Authorised users of the home-based care register, kept pursuant to the *WWC Act*, may also have access to your personal information. DJAG manages your personal information in accordance with the *WWC Act* and the *Information Privacy Act 2009*.

# 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), other child-related sex or pornography offences, murder and other serious sexual or violent offences against an adult or child (irrespective of the penalty and regardless of when and where it occurred); or
- is the subject of:
  - reporting obligations or an offender prohibition order under the Child Protection (Offender Reporting and Offender Prohibition Order)
     Act 2004; 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; or
- is the respondent to an application for an offender prohibition order under the *Child Protection (Offender Reporting and Offender Prohibition Order) Act* 2004.
- \*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.

Further information about disqualified persons is available from www.bluecard.qld.gov.au or by contacting Blue Card Services on 3211 6999 or 1800 113 611.

### ~Negative Notice

#### It is an offence for a negative notice holder to sign a blue card application form.

A negative notice holder is someone who:

- has been issued a negative notice after applying for a blue card; or
- was issued a negative notice after their blue card was cancelled due to a change in police or disciplinary information.

A negative notice holder can only apply to cancel a negative notice if two years have passed since the negative notice was issued, or in other limited circumstances. This can be done by completing the Application to Cancel a Negative Notice form.

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

By post

PO Box 12671, Brisbane George Street QLD 4003

fin person

53 Albert Street, Brisbane QLD 4000

By fax

07 3035 5910

| Part G – Payment options for PAID employees only The application fee is GST exempt (under division 81), non refundable and subject to change.  |                   |       |           |  |  |  |
|--|-------------------|-------|-----------|--|--|--|
| Payment is NOT required for volunteers or trainee students.  A \$92.30 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 | D D M | M Y Y Y Y |  |  |  |
| Cash or EFTPOS (over the counter transaction only)   |                   |       |           |  |  |  |
| Cheque/Money order—made payable to Blue Card Services (ABN 60 789 586 626)   |                   |       |           |  |  |  |

# 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
- 6 53 Albert Street, Brisbane QLD 4000

- O7 3211 6999 or 1800 113 611
- Fax 07 3035 5910
- www.bluecard.qld.gov.au