

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.

Part A – Child-related activity details (to be completed by the organisation) Please select the type of child-related employment for which a blue card is required: Paid employee (payment details required in Part G) Volunteer (no payment required) Student (no payment required)	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
Part B – Organisation details (to 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	Child care (including education and care) Churches, clubs and associations Education programs conducted outside school (suspended or excluded students or flexible arrangements under the Education (General Provisions) Act 2006 Health, counselling and support services (including disability services) Licensed care services Local Government Paid private teaching, coaching or tutoring Religious representatives Residential facilities School boarding houses School crossing supervisors 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	Your title Mr Mrs Miss Ms	12 Please record your previous blue/exemption card number
	Other	(if known):
2	Full legal name	
-	Family name	13 Please tick the relevant box below if you are or have ever
	First name	been a:
	Middle name	Health practitioner Teacher
	I do not have a middle name (please tick)	Foster or kinship carer
3	Have you been known by any other name/s?	Operator/supervisor/carer of a child care or
)	eg. birth name, name before marriage, married name,	education service
	alias, adoption, changed the order of your name,	14 Applicant's declaration
	change by certificate, etc. Note: It does not matter how long ago you changed your	I declare that:
	name or how long you used another name for.	I have read the information on page 4 and I am not
	No Yes give details below:	disqualified from applying for a blue card#;
	Family name	 I am the applicant named in this form and have not omitted any names or aliases that I use or have used
	First name	in the past;
	Middle name	 the information and identification documents provided by me for this application are true and correct and
	If you require more space, please tick this box	I understand it is an offence to provide a false or
	and attach a separate list.	misleading statement or document;
4	Gender Male Female	 I consent to information from any police, court, prosecuting authority or other authorised agency
5	Date of birth D D M M Y Y Y Y	being obtained and for the police, courts, prosecuting
	Place of birth	authority or other authorised agency to disclose any information for the purposes of assessing my eligibility
Ü	Town/City	to work with children including ongoing checks while
	State/Territory	my application/blue card remains current;
	Country	 I understand that the information obtained includes but is not limited to details of convictions[^] and
	,	pending or non-conviction charges* or information on
7	Current postal address Note: your postal address must be in Australia	the circumstances relating to offences committed or
		allegedly committed by me, regardless of when and where the offence or alleged offence occurred;
		I understand my organisation will be advised whether
	Postcode	or not I have a current application for, or hold a current blue/exemption card; the outcome of this application
8	Current residential address	which may include whether my application is withdrawn,
	Please tick if same as postal address	or a negative notice issued, or if my blue/exemption card is subsequently suspended or cancelled;
		I am proposing to start or continue in regulated
		employment and am not entitled to an exemption;
	Postcode	 I understand and will comply with my blue card obligations as a blue card applicant/cardholder; and
9	Your telephone number	I consent to confirmation of the validity of my blue card
	Daytime	being published or provided.
	Mobile	Sign inside the box. Please do not touch or go outside the lines.
	F!	rease do not touch of go outside the times.
	Email	
11	Do you identify as? (if applicable)	
	Aboriginal Torres Strait Islander	
	Aboriginal and Torres Strait Islander	
	Australian South Sea Islander	Date of signature DDD MM YYYYY

Part E – Proof of identity (to be o	omploted by	y tho c	rganicati	ion)					
•	•								
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 co				e provided, complete and attach a <i>'Request to consider alternative</i>					
identification' form.	אווטווומנוטווא	above	Calliot De	e provided, complete and attach a <i>Request to consider diternative</i>					
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 identificat	ion documer	nts hav	ve been si	ighted by placing a $oxdot$ in the box.					
LIST 1				LIST 2					
SIGNATURE DOCUMENT	. /			SIGNATURE DOCUMENT					
	Driver licence/learner permit/proof of age card Document No:		1	Pension Concession card/Department of Veterans' Affairs Entitlement card/Seniors Health card/Health					
Issued in the state of:				care card/any other current financial entitlement card					
Passport				issued by Department of Human Services.					
NON-SIGNATURE DOCUMENT				Credit card or bank card Positive Notice Blue or Exemption card					
Birth certificate (or extract)				Student identification card issued by an education					
Proof of Australian citizenship or permanent residency		sidency	institution (with photo and signature)						
				Queensland Gaming Machine Licence					
				NON-SIGNATURE DOCUMENT					
				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 1990					
If possible, please attach a photo	copy of the	docun	nents sigh	nted to this application form for verification purposes.					
Part F – Organisation declaratio	n (to be com	nletec	hy the o	organication)					
				rganisation) rganisation's representative irrespective of whether or not the					
organisation can sight the identi			by the or	gambation 3 representative mespective of whether of not the					
I declare that:	o to provido	a fals	o or miclo	ading statement or desument.					
I understand that it is an offendI am authorised to submit this	•								
the applicant is proposing to start or continue in regulated employment and an exemption does not apply;									
 I have warned the applicant that it is an offence for a disqualified person to sign a blue card application (see page 4)#; and I have either: 									
 checked the details provided in this form and confirmed they match those on the identification documents sighted; or 									
	•	•		ve attached the 'Identification verification by a prescribed person' form.					
Note: it is all offence not to warn tr	e applicant t	ııdl II I	s an onen	ce for a disqualified person to sign a blue card application.					
				Name of organisation's representative					
				Hame of organisation s representative					
Signature Date of signature D M	M V V	VV	/	Position of organisation's representative					
Date of signature									

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 \$78.65 to: Mastercard Visa						
Number Expiry date MM / Y Y						
Name of credit cardholder Credit cardholder's signature						
Blue card applicant name (if not credit cardholder)						
Receipt details:						
Postal address for receipt (must be completed if the receipt is to be sent to someone other than the applicant)						
Postcode						
Email address for receipt						

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 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.

Blue Card Services, Public Safety Business Agency

PO Box 12671, Brisbane George Street QLD 4003

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www.bluecard.qld.gov.au