

Schoolies



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.

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.

	rt A – Child-related activity details be completed by the organisation)			C – Category of child-related activity be completed by the organisation)
2	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) Is this application associated with NDIS? Yes No	а и Р	and www Plea:	rmation about categories of child-related employment whether any exemptions apply is available from v.bluecard.qld.gov.au. se select the type of child-related activity to which the loyment relates: Child accommodation services including home stays Child care (including education and care) Churches, clubs and associations
		┚╶╎┝	_	, and the second
(to	rt B – Organisation details be completed by the organisation) Name of organisation			Education programs conducted outside school (suspended or excluded students or flexible arrangements under the Education (General Provisions) Act 2006)
-				Emergency services cadet program
		1	_	- '
2	Organisation ID number (if known)] L		Health, counselling and support services (including disability services)
				Licensed care services
3	Postal address of organisation			Local Government
				Paid private teaching, coaching or tutoring
	Postcode	1 [Religious representatives
		- -	=	
4	Contact person's name		_	Residential facilities
				School boarding houses
		4 1		School crossing supervisors
5	Contact person's position			Schools (other than registered teachers and parents)
		1		, , ,
		- L		Sport and active recreation
6	Telephone			
7	Email			
OF	FICIAL USE ONLY			
Rec	eint 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	L	
2	Full legal name	:	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		 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
			misleading statement or document;
	Middle name		 I consent to information from any police, court, prosecuting authority or other authorised agency being
	If you require more space, please tick this box and attach a separate list.		obtained and for the police, courts, prosecuting authority
			or other authorised agency to disclose any information
4	Gender		for the purposes of assessing my eligibility to work with children including ongoing checks while my application/
5	Date of birth		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		pending or non-conviction charges* or information on
	State/Territory State/Territory		the circumstances relating to offences committed or
	Country		allegedly committed by me, regardless of when and where the offence or alleged offence occurred;
7	Current postal address (within Australia)		I understand my organisation will be advised whether or
′	Current postat address (within Australia)		not I have a current application for, or hold a current blue/
			exemption card; the outcome of this application which may include whether my application is withdrawn, or a
	Postcode		negative notice issued, or if my blue/exemption card is
_			subsequently suspended or cancelled;
8	Current residential address (if different 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
	Doctordo		obligations as a blue card applicant/cardholder; and
	Postcode		 I consent to confirmation of the validity of my blue card being published or provided.
9	Telephone number		Sign inside the box.
	Daytime		Please do not touch or go outside the lines.
	Mobile		
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 Y

	ıt, original	ider	ntification o	doc	uments from the applicant which collectively show the applicant's ir identification documents must match the details provided in			
One of the following combinations m	ust be use	ed: E	ITHER					
	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 combalternative identification' form.	oinations a	abov	e cannot	be p	e 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	document	s ha	ve been s	sigh	ted by placing a $oxtimes$ in the box.			
LIST 1 SIGNATURE DOCUMENT			LIST 2 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 expired in the last 2 years)			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			
	permanen	11103	idelicy		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	locui	ments sig	hte	d for verification purposes (excluding credit or bank cards).			
Part F – Organisation declaration (t	o be comp	plete	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								
 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								
 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				J				
Date of signature DD MM MYYYYY					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.

Application lodgement

Applications may be lodged by one of the following methods:

Scan and upload
 When bluegard ald gov an /upload

www.bluecard.qld.gov.au/uploadform

By post
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 047.V2 JUN17

Part G – Payment options for PAID employees only 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