



**BC**

**NEW/RENEWAL**

Valid for lodgement  
until December 2016

# 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**<sup>#</sup> 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 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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**7** Email

### 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](http://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 (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*)
- Emergency Services Cadet Program
- 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:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Initials:



Applicant's name

**Part D – 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          
D D M M Y Y Y Y

**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  
 Australian South Sea Islander

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

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

**14 Applicant’s declaration**  
 I declare that:  
 • I have read the information on page 4 and I am not disqualified from applying for a blue card#;  
 • 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 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 may include whether my application is withdrawn, 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;  
 • I understand and will comply with my blue card obligations as a blue card applicant/cardholder; and  
 • I consent to confirmation of the validity of my blue card being published or provided.

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

Date of signature          
D D M M Y Y Y Y

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 an *'Identification verification by a prescribed person'* form.

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

**LIST 1**

**SIGNATURE DOCUMENT**

Driver licence/learner permit/proof of age card  
**Document No:**   
**Issued in the state of:**

Australian Passport (current or expired in the last 2 years)

**NON-SIGNATURE DOCUMENT**

Birth certificate (or extract)  
 Proof of Australian citizenship or permanent residency  
 Overseas Passport (current)  
**Country of issue:**

**LIST 2**

**SIGNATURE DOCUMENT**

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.  
 Credit card or bank card  
 Positive Notice Blue or Exemption card  
 Student identification card issued by an education 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 photocopy of the documents sighted to this application form for verification purposes.**

**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)<sup>#</sup>; 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 *'Identification verification by a prescribed person'* 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.

Signature of representative

Date of signature      
D D M M Y Y Y Y

Name of representative

Position of representative

Applicant's name

## 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<sup>^</sup> 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:
  - reporting obligations under the *Child Protection (Offender Reporting) Act 2004*; or
  - an offender prohibition order under the *Child Protection (Offender Prohibition Order) Act 2008*; or
  - a disqualification order issued by a court prohibiting them from applying for or holding a blue card; or
  - 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.

<sup>^</sup>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](http://www.bluecard.qld.gov.au).

**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    Expiry date  /   
M M 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


**Blue Card Services, Public Safety Business Agency**


 Scan and upload at [www.bluecard.qld.gov.au/uploadform](http://www.bluecard.qld.gov.au/uploadform)

 PO Box 12671, Brisbane George Street QLD 4003

 53 Albert Street, Brisbane QLD 4000

 07 3211 6999 or 1800 113 611

 07 3035 5910

 [www.bluecard.qld.gov.au](http://www.bluecard.qld.gov.au)