

Valid for lodgement until 31 March 2020

Link an applicant/cardholder to this organisation for Queensland State School employees or volunteers

Working with Children (Risk Management and Screening) Act 2000

This form is to be completed by applicants/cardholders who have applied for, or hold a blue/exemption card to advise they are undertaking child-related activities with a new or additional Queensland State School.

Part A – Cardholder/applicant's details			rt B — New child-related activity type		
1 2 3 4 5	First name First name Middle name Date of birth Current postal address Postcode Telephone Mobile Email Card number (if known)		ease indicate the type of child-related activity for the new additional organisation: Volunteer (no payment required) Student (no payment required) Paid employee (payment required if currently hold a V card)		
Pa	rt C – Queensland State School details (to be completed	by the	school)		
1 2 3	Name of school Organisation ID (if known) Postal address of school Postcode	5 6	School Principal's name Telephone Email		
Pa	rt D – Category of child-related activity (to be completed	d by the	school)		
Please select the type of child-related activity to which the employment relates:					
	Child accommodation services including home stays Government employee Health, counselling and support services (including disability services) Paid private teaching, coaching or tutoring		Religious representatives School boarding houses Schools (other than registered teachers and parents) Sport and active recreation		



Part E - Cardholder/applicant's declaration

I declare that:

- the details provided in this form are true and correct:
- I understand it is an offence to provide a false or misleading statement or document;
- I am proposing to start or continue in regulated employment;
- I am not entitled to an exemption; and
- I understand that I must notify Blue Card Services within 14 days if I change my name, contact details, or my child-related employment ends.

Signature of applica	ant/cardholder
Full name of applica	ant/cardholder
Full name of applica	ant/cardinotder
Date of signature	
	D D M M Y Y Y Y

Part F – State school representative declaration

I declare that:

- the details provided in this form are true and correct;
- I understand it is an offence to provide a false or misleading statement or document:
- I am authorised to submit this form on behalf of the organisation;
- the blue/exemption card holder/applicant is proposing to start or continue in regulated employment with the organisation listed in Part C;
- an exemption does not apply;
- I have either:
 - checked the name, date of birth and signature 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.

Circumstanting
Signature of representative
Name of many and attitude
Name of representative
Position of representative
Date of signature
D D M M Y Y Y

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*.

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 The application fee is GST exempt (under division 81), non-refundable and subject to change.				
(i) Payment is NOT required for current 'P' or 'E' card holders.				
A \$92.30 fee is required where a volunteer applicant/blue cardholder is proposing to undertake child-related activities in a paid capacity. Upon lodgement and processing of this form, a paid (P) card will be issued (provided there has been no change to eligibility) which can be used for any other child-related activity being provided (paid or unpaid). Please select one of the following payment methods:				
Credit card—complete payment online at www.bluecard.qld.gov.au				
Receipt number Date payment made DDD MM MM Y 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)				
** Please invoice EQ's billing account FOR RENEWAL APPLICATIONS ONLY for eligible Dept or Education employees**				
CA arrangements in place				
EQ staff: Complete payment details above for initial blue card applications or if not eligible to have renewal payment covered by the Department.				

Blue Card Services, Department of Justice and Attorney-General

PO Box 12671, Brisbane George Street QLD 4003

â 53 Albert Street, Brisbane QLD 4000

© 07 3211 6999 or 1800 113 611

o7 3035 5910

www.bluecard.qld.gov.au