



Valid for lodgement  
until 30 June 2019

## Link an applicant/cardholder to this organisation

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 organisation.

### Part A – Cardholder/applicant's details

1 Family name

2 First name

3 Middle name

4 Date of birth

5 Current postal address

Postcode

6 Telephone

7 Mobile

8 Email

9 Card number (if known)

### Part B – New child related activity type

Please indicate the type of child-related activity for the new or additional organisation:

- Volunteer (no payment required)
- Student (no payment required)
- Paid employee (payment required if currently hold a V card)

### Part C – 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

### Part D – 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:

- |  |   |
|--|---|
| <input type="checkbox"/> Child accommodation services including home stays   | <input type="checkbox"/> Health, counselling and support services (including disability services) |
| <input type="checkbox"/> Child care (excluding family day care)  | <input type="checkbox"/> Licensed care services   |
| <input type="checkbox"/> Churches, clubs and associations  | <input type="checkbox"/> Local Government   |
| <input type="checkbox"/> Education programs conducted outside school (suspended or excluded students or flexible arrangements under the <i>Education (General Provisions) Act 2006</i> ) | <input type="checkbox"/> Paid private teaching, coaching or tutoring                              |
| <input type="checkbox"/> Emergency services cadet program  | <input type="checkbox"/> Religious representatives  |
| <input type="checkbox"/> Family day care   | <input type="checkbox"/> Residential facilities   |
| <input type="checkbox"/> Carer   | <input type="checkbox"/> School boarding houses   |
| <input type="checkbox"/> Adult Member  | <input type="checkbox"/> School crossing supervisors  |
|  | <input type="checkbox"/> Schools (other than registered teachers and parents)                     |
|  | <input type="checkbox"/> 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 applicant/cardholder

Full name of applicant/cardholder

Date of signature

D	D

M	M

Y	Y	Y	Y

### Part F – Organisation/employer 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.

Signature of representative

Name of representative

Position of representative

Date of signature

D	D

M	M

Y	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*. 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. DJAG manages your personal information in accordance with the *Information Privacy Act 2009*.

### Application lodgement

Applications may be lodged by one of the following methods:

**U Scan and upload**

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

## 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 **\$90.25** 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](http://www.bluecard.qld.gov.au)

Receipt number

Date payment made 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

**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


Blue Card Services, Department of Justice and Attorney-General

 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)