

										initials:
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Paid employee of a licensed care service blue card renewal form

The *Commission for Children and Young People and Child Guardian Act 2000* requires certain people seeking to work in a Licensed Care Service to obtain a blue card.

This form is to be completed by paid employees of a Licensed Care Service.

Directors and nominees of a Licensed Care Service should complete a LCS/B form and volunteers should complete a V form.

If you are unsure which form to complete please call the Department of Communities (Child Safety Services) Central Screening Unit on (07) 3239 3521.

Note: It is the employer's responsibility to ensure the application has been submitted on behalf of the paid employee.

How to fill out this application form

To avoid delays in processing this application please print clearly using BLOCK LETTERS and ensure:

- the employer completes **Parts A, D and E**
- **Part B** is completed
- the paid employee completes **Part C**
- you indicate with a tick where required.

Note: It is an offence for a paid employee to provide false or misleading information to the Commission or to sign an application for a blue card if they are a disqualified person# (see page 4).

PART A Employer's Details (this section must be completed by the employer)	
1	Name of Employer/Organisation <input style="width: 95%;" type="text"/> Organisation ID number (please insert the Commission's reference number for your organisation if known) <input style="width: 95%;" type="text"/>
2	Postal Address of Employer/Organisation <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> Postcode:
3	Contact person <input style="width: 95%;" type="text"/>
4	Contact person's position <input style="width: 95%;" type="text"/>
5	Phone <input style="width: 80%;" type="text"/> Email <input style="width: 80%;" type="text"/> Fax <input style="width: 80%;" type="text"/>
6	CSU advice to nominee/director to proceed to blue card application for employee attached <input type="checkbox"/> Yes <input type="checkbox"/> No Please note: This application will not be processed unless this advice is attached.

OFFICIAL USE ONLY
A/C Code: BCD
Date:
Receipt number/initials:

PART B Payment Options (this section must be completed). Please note the application fee is GST exempt (under division 81), non refundable and subject to change. For the current prescribed fee please see schedule of fees.	
Please select one of the following payment methods:	
<input type="checkbox"/> Cash (over the counter transaction only)	<input type="checkbox"/> Cheque
<input type="checkbox"/> Credit Card Complete details below	<input type="checkbox"/> Money Order
Name of credit card holder <input style="width: 80%;" type="text"/>	Number <input style="width: 100%;" type="text"/>
Please charge the prescribed blue card fee to: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa	
Cardholder's signature <input style="width: 80%;" type="text"/>	Expiry Date <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>

Cheque/money order payable to:
Commission for Children and Young People and Child Guardian
ABN 51639217791

Applicant's Name

PART C Paid Employee's Details

(this section must be completed by the paid employee)

7 Have you ever applied for or held a blue card?

Yes No

Blue card No. (if known)

8 Your title Mr Mrs Miss Ms

Other

9 Name you presently use

Family Name

First Name

Middle Name

I do not have a middle name (please tick)

10 Do you currently use an abbreviation/nickname/alias for your first name? *eg. Elizabeth abbreviation Betty*

Name/s

11 Have you ever been known by any other name/s?

This includes:

- name at birth
- change following divorce
- maiden name
- change the order of your name (eg. known by middle name)
- married name
- alias
- change by certificate/deed poll
- different first/middle name (eg. different abbreviations)

Note: It does not matter how long ago you changed your name or how long you used another name for.

(Please tick) No Go to question 12

Yes give details below:

If you require more space, please tick this box and attach a separate list

Family Name

First Name

Middle Name

Reason for change

12 Are you Male Female

13 Date of birth / /
DAY MONTH YEAR

14 Place of birth

Town/city

State

Country

15 Current postal address

(Note: your postal address must be in Australia)

Postcode

16 If you have lived at a different address in the last 5 years, please detail on a separate sheet of paper and tick this box

17 Your telephone numbers

Daytime

After hours

Mobile

18 Do you identify as? (please tick)

Aboriginal Torres Strait Islander

Aboriginal and Torres Strait Islander

Australian South Sea Islander

Other (specify)

19 What language do you mainly speak at home?

English Other (specify)

20 Are you, or have you ever been, any of the following in Queensland (please tick the appropriate box/es):

registered teacher

carer approved by Dept of Communities (Child Safety Services)

registered health practitioner

registered or enrolled nurse or midwife

licensee of a child care service

director or nominee of a care service licensed by the Dept of Communities (Child Safety Services)

director of a school's governing body

21 Paid employee's declaration

Note: It is an offence for a disqualified person to sign a blue card application.# (see page 4)

I declare:

- the information and identification documents provided for this application are true and correct;
- that I am proposing to undertake regulated employment and am not entitled to an exemption;
- I am aware of my obligations as a blue card applicant/card holder;
- that I am not a disqualified person# (see page 4);
- I consent to the Commission obtaining information from police, courts, prosecuting authorities and other bodies under Part 6 and to publishing/providing confirmation on whether or not my blue card is valid.

Sign inside the box as your signature will be scanned.

Date of signature / /
DAY MONTH YEAR

PART D Proof of Identity Declaration

(this section must be completed by the employer)

Employers are responsible for sighting the paid employee's identification documents.

However, in limited circumstances (where the paid employee resides more than 50km from the employer's business address or has a disability that affects his or her mobility), this responsibility can be exercised by a prescribed person.

A prescribed person is a Justice of the Peace, Commissioner for Declarations, Lawyer or Police Officer.

Irrespective of whether or not the employer can sight the identification documents, they must complete Part E.

Where the employer is **unable** to sight the identification documents, a prescribed person must sight them and complete **Parts D and F**.

Identification requirements

The paid employee must produce two original identification documents to confirm their identity. Together the documents must show:

- full name
- date of birth
- signature

The employer must certify in **Part E** that the details provided on the application form are the same as those appearing on the documents sighted.

One of the following combinations must be used:

EITHER

List 1 + **List 2**

One original document from List 1 and one original document from List 2 which together show the paid employee's **full name, date of birth and signature**.

OR

List 1 + **List 1**

Two original documents from List 1 together showing the paid employee's **full name, date of birth and signature**.

Note: All identification documents sighted must be originals (photocopies are not acceptable).

Where any document is in a former name, an original official document (eg. marriage certificate or change of name certificate) showing the change of name must be sighted.

If possible, please attach a photocopy of documents sighted to this application form for verification purposes.

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

22 LIST 1

Signature Document

- Current driver licence/learner's permit/proof of age card (with photo)

Document No:

Issued in the state of:

- Current passport (with photo)

Passport No:

Non-Signature Document

- Birth certificate (or extract)

Reference No:

- Australian citizenship certificate or current document evidencing permanent Australian residency status

Reference No:

23 LIST 2

Signature Document

- Current Pension Concession Card/Dept of Veterans' Affairs Entitlement Card/Senior's Health Card /Health Care Card/any other current financial entitlement card issued by Centrelink.

- Current Credit Card or account card from a bank/building society/credit union (with name and signature)

- Current Positive Notice Blue Card (issued by the Commission)

- Current student identification card issued by a tertiary education institution or school (with photo and signature)

- Current Qld Gaming Machine Licence

- Current Qld Licence issued under the Weapons Act

Non-Signature Document

- Current Medicare card

- Current Qld crowd controller/private investigator/security officer licence

- Passbook or account statement issued by a bank/building society/credit union dated in the last 6 months

- Australian taxation assessment notice dated in the last 6 months

Note: If you cannot provide an identification document from either List 1 or List 2 please contact the Commission on **3211 6999 or 1800 113 611**.

The employer must complete **Part E**.

Where the employer is **unable** to sight the identification documents, a prescribed person must sight them and complete **Parts D and F**.

Applicant's Name

PART E Declaration by Employer

(to be completed by the employer)

It is an offence to provide false or misleading information to the Commission.

I declare that:

- I am authorised to submit this application on behalf of the organisation; and
- the paid employee is proposing to undertake regulated employment and an exemption does not apply; and
- I have warned the paid employee that it is an offence for a disqualified person to sign a blue card application.

Please tick appropriate box

I have checked the details provided in this form and confirm they match those on the identification documents sighted.

OR

I am unable to sight the identification documents because:

- the paid employee's usual residence is more than 50km from the business address, or
- the paid employee has a disability affecting his or her mobility.

Note: It is an offence not to warn the paid employee that it is an offence for a disqualified person to sign a blue card application.

Full Name

Signature

Position

Date

DAY MONTH YEAR

PART F Declaration by Prescribed Person

(to be completed by a prescribed person)

I declare I have checked the details provided in this form and confirm they match those on the identification documents sighted.

Note: It is an offence to provide false or misleading information to the Commission.

I am a:

- Justice of the Peace
- Commissioner for Declarations
- Lawyer
- Police Officer

Stamp or Registration No.
(if applicable)

Signature

Full Name

Date

DAY MONTH YEAR

Privacy notice

The *Commission for Children and Young People and Child Guardian Act 2000* allows us to collect your personal information, which is accessed by Commission staff to assess your application for a blue card.

Some of this information goes to Queensland Police, and may be sent to interstate or federal police to conduct criminal history checks. Information may also be given to:

- certain disciplinary bodies to get relevant disciplinary information about you
- your employer, any supervisory body, or other person you have authorised to discuss your application on your behalf. This enables us to update them on your blue card application and any changes to your blue card status.

Advice about your blue card's validity may also be provided through the Commission's online blue card verification process.

Personal information will not be given to any other person or agency unless we have your permission or the disclosure is authorised or required by law.

Important information

You can withdraw your consent to screening at any time before a decision is made.

#Disqualified people

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, *ie. a guilty finding or guilty plea, whether or not a conviction was recorded*. This may include a child-related sex or pornography offence 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*
 - 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.

A disqualified person can apply to the Commission to be declared eligible to apply for a blue card in certain limited circumstances.

For more about blue card information and obligations go to www.bluecard.qld.gov.au

Commission for Children and Young People and Child Guardian

Address: Level 17, 53 Albert Street
Brisbane Qld 4000

Postal: PO Box 12671
Brisbane George Street Qld 4003

Phone: 07 3211 6999 or **Freecall:** 1800 113 611
Fax: 07 3035 5910

www.bluecard.qld.gov.au