

									initials:
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Nominee or director of a licensed care service blue card application form

The *Commission for Children and Young People and Child Guardian Act 2000* requires people who are, or intend to be nominees or directors of Licensed Care Services to obtain a blue card.

This form is to be completed by people who are, or are applying to be a (paid or volunteer):

- Nominee of a Licensed Care Service
- Director* of a Licensed Care Service

* A director includes a person who is a member of the executive or management entity of a Licensed Care Service.

Paid employees in Licensed Care Services must complete a LCS/P form. Volunteers must 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.

How to fill out this application form

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

- the nominee or director making this application completes **Part B** and either **Part A** or **Part E**.
- the prescribed person completes **Parts C and D**
- you print clearly and use BLOCK letters
- you indicate with a tick where required.

Note: It is an offence for a nominee/director 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).

Applications for volunteer nominees and directors will be processed free of charge if the statutory declaration in **Part E** of this form is completed.

If you are a paid nominee or director, the prescribed blue card fee is payable. Please complete **Part A** below.

FOR CENTRAL SCREENING UNIT USE ONLY

This application will only be processed if it is certified and signed by the CSU.

File reference number:

Client number:

CSU officer number:

CSU officer signature:

FOR ZONAL OFFICE USE ONLY

If this blue card application relates to an application for a licence for a new Licensed Care Service, please record the date the licence application was determined to be properly made by the department:

/	/	
DAY	MONTH	YEAR

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:

- Cheque Money Order
 Credit Card *Complete details below*

Cheque/money order payable to:

Commission for Children and Young People and Child Guardian
ABN 51639217791

Name of credit card holder Number

Please charge the prescribed blue card fee to: Mastercard Visa

Cardholder's signature Expiry Date

Applicant's Name

PART D 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 and Registration No. (if applicable)

Signature _____

Full Name _____

Date _____
DAY MONTH YEAR

PART E Volunteer nominee/director declaration (Complete this section if you are a volunteer nominee or director)

I certify that I hold a volunteer position in a Licensed Care Service as either a:

- Nominee; or
- Director

accordingly, I understand that the application fee is not payable under the *Commission for Children and Young People and Child Guardian Act 2000*.

I understand that it is an offence under the Commission's Act to deliberately make a false or misleading statement.

BLUE CARD APPLICANT TO COMPLETE

Signature _____

Full Name _____

Date _____
DAY MONTH YEAR

Please mail completed applications to:

Manager
Community Support Team
at the
Department of Communities
(Child Safety Services)
with responsibility
for licensing your service

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

PART B Nominee's or Director's details

(this section must be completed by the nominee or director)

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

Yes No

Blue card No. (if known)

2 Your title Mr Mrs Miss Ms

Other

3 Name you presently use

Family Name

First Name

Middle Name

I do not have a middle name (please tick)

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

Name/s

5 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 6

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

6 Are you

Male Female

7 Date of birth

/ /
DAY MONTH YEAR

8 Place of birth

Town/city

State

Country

9 Current postal address

(Note: your postal address must be in Australia)

Postcode

10 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

11 Your telephone numbers

Daytime

After hours

Mobile

12 Do you identify as? (please tick)

Aboriginal Torres Strait Islander

Aboriginal and Torres Strait Islander

Australian South Sea Islander

Other (specify)

13 What language do you mainly speak at home?

English Other (specify)

14 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

15 Nominee's or director'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 carry on a regulated business 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.

Do not sign outside the box as your signature will be scanned onto your card.

Date of signature / /
DAY MONTH YEAR

PART C Proof of Identity Declaration

(this section must be completed by the prescribed person)

A prescribed person is responsible for sighting the nominee's or director's identification documents.

A prescribed person is a:

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

Identification requirements

The nominee/director must produce two original identification documents to confirm their identity. Together the documents must show:

- full name
- date of birth
- signature

The prescribed person responsible for sighting the identification must certify in **Part D** 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 nominee's/director's **full name, date of birth and signature**.

OR

List 1 + **List 1**

Two original documents from List 1 together showing the nominee's/director'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**.

Applicant's Name