

# Authorisation to confirm a valid blue card/application

A person may complete this form to enable the Commission to advise the nominated authorised person of the matters listed in the consent on this form.

## PART A Card holder's/Applicant's personal details

### 1 Family name

First name/s

Middle name/s

Date of birth

Place of birth

Current postal address




Daytime contact no.

Blue card number

Blue card expiry date

## PART B Authorised person's details

### 2 Name of authorised person

Name of organisation (if applicable)



Position (if applicable)

Postal address




Telephone

Fax

## Part C Child related activity details

Please tick appropriate box ☒ for your child related activity

☐

### For paid employees

Type of child related activity

☐

residential facilities

☐

schools

☐

school boarding houses

☐

childcare

☐

churches, clubs and associations

☐

health counselling and support services

☐

private teaching, coaching and tutoring

☐

education programs outside of school

☐

child accommodation including homestays

☐

religious representatives

☐

sport and active recreation

☐

emergency services cadet program

☐

school crossing supervisors

☐

licensed care service

☐

### For business operators/self employed individuals

Type of child related activity

☐

health counselling and support services

☐

private teaching, coaching and tutoring

☐

education programs outside of school

☐

child accommodation including homestays

☐

providers of recreational activities

☐

operators of hostels for rural children

☐

director of a governing body of a non-state school

☐

licensed care service

☐

religious representatives (note, you must provide details of your religious entity/group for notification purposes)

Name of entity

Contact person

Postal address

## Part C Child related activity details continued

### ☐ For family day care carers/occupants

Type of child related activity

☐ family day care carer

☐ family day care adult occupant

### ☐ For volunteers

Type of child related activity

☐ residential facilities

☐ schools

☐ school boarding houses

#### **childcare**

☐ centre based service

☐ other commercial child care services

☐ school age care service

☐ churches, clubs and associations

☐ health counselling and support services

☐ private teaching, coaching and tutoring

☐ education programs outside of school

☐ child accommodation including homestays

☐ religious representatives

☐ sport and active recreation

☐ emergency services cadet program

☐ school crossing supervisors

#### **licensed care service**

☐ volunteer of a licensed care service

☐ volunteer working for a business providing services at a licensed care service

### ☐ For students

Type of child related activity

☐ residential facilities

☐ schools

☐ school boarding houses

#### **childcare**

☐ centre based service

☐ other commercial child care services

☐ school age care service

☐ churches, clubs and associations

☐ health counselling and support services

☐ private teaching, coaching and tutoring

☐ education programs outside of school

☐ child accommodation including homestays

☐ religious representatives

☐ sport and active recreation

☐ emergency services cadet program

#### **licensed care service**

☐ student working at the licensed care service

☐ student working for a business providing services at a licensed care service

## PART D Card holder's/Applicant's consent

(please read carefully before signing)

4 I consent to the Commission for Children and Young People and Child Guardian providing the following information to the authorised person nominated on this form:

- whether I have made an application for a blue card which is currently being processed;
- whether my blue card application has been or is subsequently withdrawn;
- whether I hold a current blue card;
- whether I have been issued with a negative notice;
- whether my blue card has been or is subsequently suspended;
- relevant information about any change in my police information which the Commissioner considers relevant to my child-related employment as provided for in the *Commission for Children and Young People and Child Guardian Act 2000*;
- notification of the final outcome of any assessment or reassessment of my application.

**Note:** making a misleading statement or providing a false document may attract a penalty under the *Commission for Children and Young People and Child Guardian Act 2000*.

Full name

Signature

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 assessed 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.

Please mail this completed document to:

### Employment Screening Services

**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 of freecall 1800 113 611

**Fax:** 07 3035 5910

**www.bluecard.qld.gov.au**