



Valid for lodgement
until 30 June 2018

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 (complete Part C)

Part C – Current application/card details

Please indicate the type of application lodged, or current card held:

- ☐ 'V' Volunteer or student card (payment required in Part H)
- ☐ 'P' Paid card (no payment required)
- ☐ 'E' Exemption card (no payment required)

Part D – Organisation details (to be completed by the organisation)

1 Name of organisation

2 Organisation ID number (if known)

3 Postal address of organisation

School of Health and Rehabilitation Sciences

Bld 84A, St Lucia Postcode 4072

4 Contact person's name

5 Contact person's position

6 Telephone 0 7 3 3 6 5 4 5 0 6

7 Email

enquiries.shrs@uq.edu.au

Part E – 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.

Please select the type of child-related activity to which the employment relates:

- | | |
|--|--|
| <input type="checkbox"/> Child accommodation services including home stays | <input checked="" 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"/> Regular visitor | <input type="checkbox"/> Schools (other than registered teachers and parents) |
| | <input type="checkbox"/> Sport and active recreation |



Part F – 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;
- I understand my organisation will be advised whether or not I have a current application for, or hold a current blue/exemption card; the outcome of this application which may include whether my application is withdrawn, or a negative notice issued, or if my blue/exemption card is subsequently suspended or cancelled;
- I understand and will comply with my blue/exemption card obligations as a blue/exemption card applicant/cardholder; and
- I consent to confirmation of the validity of my card being published or provided.

Signature of applicant/cardholder

Full name of applicant/cardholder

Date of signature

D	D

M	M

Y	Y	Y	Y

Part G – 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 D;
- 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 *Working with Children (Risk Management and Screening) Act 2000* allows the collection of personal information to assess your eligibility to be issued with a blue/exemption card. Information will be provided to Queensland Police, and may be provided to police, courts, prosecuting authorities or other authorised agencies as part of the screening process. Information may also be given to:

- certain disciplinary bodies to obtain relevant disciplinary information; and/or
- your employer, any supervisory body, or other person you have authorised to discuss your application on your behalf.

Personal information will only be provided to other persons or agencies with your permission or where required by law.

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

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

In person

53 Albert Street, Brisbane QLD 4000

By fax

07 3035 5910