



Valid for lodgement
until 31 March 2020

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	<input type="text"/>
2 First name	<input type="text"/>
3 Middle name	<input type="text"/>
4 Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>D D M M Y Y Y Y</small>
5 Current postal address	<input type="text"/>
	<input type="text"/>
	Postcode
6 Telephone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7 Mobile	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8 Email	<input type="text"/>
9 Card number (if known)	<input type="text"/>

Part B – New child related activity type
Please indicate the type of child-related activity for the new or additional organisation:
<input type="checkbox"/> Volunteer (no payment required) <input type="checkbox"/> Student (no payment required) <input type="checkbox"/> Paid employee (payment required if currently hold a V card)

Part C – Organisation details (to be completed by the organisation)	
1 Name of organisation	<input type="text"/>
2 Organisation ID number (if known)	<input type="text"/>
3 Postal address of organisation	<input type="text"/>
	<input type="text"/>
	Postcode
4 Contact person's name	<input type="text"/>
5 Contact person's position	<input type="text"/>
6 Telephone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7 Email	<input type="text"/>



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.

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

- Child accommodation services including home stays
- Child care
- Staff member of an education and care or QEC service (e.g. long day care, outside school hours care, kindergarten, occasional care, limited hours care)~
- Other (e.g. nanny, babysitter)
- Churches, clubs and associations
- Education programs conducted outside school (suspended or excluded students or flexible arrangements under the *Education (General Provisions) Act 2006*)
- Emergency services cadet program
- Family day care
- Educator
- Paid assistant

Address where family day care is being provided:

Postcode

- Health, counselling and support services (including disability services)
- Licensed care services
- Non-State Schools/independent school (other than registered teachers and parents)
- Paid private teaching, coaching or tutoring
- Religious representatives
- Residential facilities
- School boarding houses
- School crossing supervisors
- Schools, other than EQ staff or volunteers (e.g. P&C, cleaner)*
- Sport and active recreation

~ If you apply under this category, information about your blue card status may be provided to certain regulatory, supervisory or governing bodies.

*EQ staff or volunteers working at a school must complete form 068.

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

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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 (WWC Act)*. 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. Authorised users of the home-based care register, kept pursuant to the *WWC Act*, may also have access to your personal information. DJAG manages your personal information in accordance with the *WWC Act* and the *Information Privacy Act 2009*.

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

Part G – Payment options

The application fee is GST exempt (under division 81), non refundable and subject to change.

Payment is NOT required for current 'P' or 'E' card holders.

A **\$92.30** 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

Receipt number Date payment made


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


Cash or EFTPOS (over the counter transaction only)


Cheque/Money order—made payable to Blue Card Services (ABN 60 789 586 626)


Blue Card Services, Department of Justice and Attorney-General

 Scan and upload at 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