



commission for children and young people and child guardian

initials: [] [] [] [] [] [] [] [] [] []



Person carrying on a childcare business blue card application form

People seeking to carry on certain businesses regulated by the Commission for Children and Young People and Child Guardian Act 2000 are required to obtain a blue card.

How to fill out this application form

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

- the person carrying on the business completes **Parts A and C**
- either **Part B** or the Statutory Declaration on page 4 is completed
- the prescribed person completes **Part D and E**
- you indicate with a tick where required.

Note: It is an offence for a person carrying on a business 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).

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

PART A Business Details (this section must be completed by the person applying for the blue card)

<p>1 Name of business []</p> <p>2 Postal address of business [] [] [] [] Postcode: []</p> <p>3 Phone []</p> <p>4 Fax []</p> <p>5 Email [] []</p>	<p>6 Type of child-care business for which a blue card is sought (please tick appropriate box)</p> <p>centre based service</p> <p><input type="checkbox"/> licensee/nominee <input type="checkbox"/> executive officer</p> <p>home based service</p> <p><input type="checkbox"/> licensee/nominee <input type="checkbox"/> executive officer</p> <p>stand alone service (ie no more than 6 children)</p> <p><input type="checkbox"/> carer <input type="checkbox"/> adult occupant</p> <p>other commercial child care service (eg. adjunct care, gyms, hotels, resorts, nanny/babysitting, mobile services etc)</p> <p><input type="checkbox"/> please specify _____</p> <p>school age care service</p> <p><input type="checkbox"/> licensee <input type="checkbox"/> executive officer</p> <p><small>Please note: the Commission has an obligation to notify the Department of Education and Training where an application is withdrawn, a negative notice is issued or a blue card is suspended or cancelled for Licensees, Nominees and Adult Occupants.</small></p>
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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:

Cash (over the counter transaction only) Cheque

Credit Card Complete details below Money Order

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 C Applicant's Details

(this section must be completed by the person applying for the blue card)

7 Have you ever applied for or held a blue card? Yes NoBlue card No. (if known) **8** Your title Mr Mrs Miss Ms Other **9** Name you presently useFamily 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 12Yes give details below:If you require more space, please tick this box and attach a separate listFamily Name First Name Middle Name Reason for change **12** Are you Male Female**13** Date of birth / /
DAY MONTH YEAR**14** Place of birthTown/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 numbersDaytime 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 Applicant'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.

Sign inside the box as your signature will be scanned.Date of signature / /
DAY MONTH YEAR**2**Applicant's Name

PART D Proof of Identity Declaration

(this section must be completed by the prescribed person)

A prescribed person is responsible for sighting the applicant's identification documents.

A prescribed person is a:

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

Identification requirements

The applicant 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 complete **Parts D and E** and ensure 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 applicant's **full name, date of birth and signature.**

OR

List 1 + **List 1**

Two original documents from List 1 which together show the applicant'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.**

PART E Declaration by prescribed person (to be completed by the 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

Signature

Full Name

Date

DAY MONTH YEAR

Stamp and Registration No. (if applicable)

Applicant's Name

If you are working in a voluntary capacity please complete the statutory declaration below.

Statutory Declaration Oaths Act 1867

QUEENSLAND }

TO WIT

I, (Full Legal Name)

Of (Residential Address)

in the State of Queensland, do solemnly and sincerely declare:

I am proposing to be an adult occupant or usually present in a home where a child care service is provided

AND/OR

I am an Emergency Carer / Support Carer / Co-Carer

OR

I hold a volunteer position in a child care service as either a:

Board Member Licensee

Executive Officer Nominee

In this instance I understand that no fee is payable under the *Commission for Children and Young People and Child Guardian Act 2000*

I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1867* (Qld).

(Signature of Applicant)

Taken and Declared before me, at

This day of 20 }

(Signature of Justice of the Peace/Solicitor/
Commissioner for Declarations/Barrister)

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



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and child guardian

Blue card application fees from 1 July 2009 - 30 June 2010

Paid employees (including renewal applications)	61.85
Family Day Carers (including renewal applications)	61.85
Businesses (including renewal applications)	61.85
Volunteers and students (new and renewal applications only)	No fee
Application to cancel a negative notice	61.85
Eligibility declaration	61.85
Replacement blue card (Businesses, Paid employees, Volunteers and Students)	10.30

Telephone: (07) 3211 6999
Freecall: 1800 113 611 (Blue Card Contact Centre)
Fax: (07) 3035 5910
Email: bluecard@ccypcg.qld.gov.au
Website: www.bluecard.qld.gov.au
Address: **Commission for Children and Young People and Child Guardian**
Level 17, 53 Albert Street
Brisbane Qld Australia 4000
Postal: PO Box 12671, Brisbane George Street
Qld Australia 4003