



# BCB

**NEW/RENEWAL**

 Valid for lodgement  
until 30 June 2019

## Blue card business application

*Working with Children (Risk Management and Screening) Act 2000*

**This form is to be completed by self employed persons or executive officers proposing to start or continue to carry on a child-related business.**

### Important Notice

If you are eligible to apply for a blue card (please see **disqualified person<sup>#</sup>** definition on page 4), continue to complete this application. If you are not eligible, **do not** complete this form and complete an Eligibility Declaration form instead.

### Part A – Category of child related activity

Information about the categories of child-related work and whether any exemptions apply is available from [www.bluecard.qld.gov.au](http://www.bluecard.qld.gov.au).

**1** Please select the type of child-related activity to which the business relates:

Assessor or auditor of a provisionally accredited, or accredited, non-state school

Child accommodation including home stays

Child care (including education and care)

Licensee/nominee/executive officer/approved provider/board member of a child care or education and care service (including family day care)~

Name of child care service

Stand alone carer~

Other (eg. nanny, babysitter, contractor entering an education and care premises)

Commercial private teaching, coaching or tutoring

Director of a corporation which is the governing body for a provisionally accredited, or accredited, non-state school~

Name of school

Education programs conducted outside school (suspended or excluded students or flexible arrangements under the *Education (General Provisions) Act 2006*)

Health, counselling and support services (including disability services)

Licensed care services - Contractor entering a licensed care facility (eg. maintenance of facility, ie. plumber)

Operators of hostels for rural children

Sport and active recreation

Religious representatives~

*Please provide details of the religious entity/group you are accountable to:*

Name of entity/group

Contact person

Postal address

Postcode

Telephone

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

**2** Is this application associated with NDIS?

Yes  No

### Part B – Business details

**1** Name of business

**2** Postal address of business

Postcode

**3** Telephone

**4** Email

### OFFICIAL USE ONLY

Receipt number:

Date:

Initials:



Applicant's name

**Part C – Applicant’s details**

**1** Title Mr  Mrs  Miss  Ms   
Other

**2** Full legal name  
**Family name**   
First name   
Middle name   
No middle name (please tick)

**3** Do you have a previous name, or have you been known by any other name?  
Yes  (record details below) No   
It does not matter how long ago you used the name or how long the name was used for e.g.  
• birth name • name before marriage • married name  
• alias • change by certificate • adoption  
• changed order of name  
**Family name**   
First name   
Middle name   
If you require more space, please tick this box  and attach a separate list.

**4** Gender

**5** Date of birth   /       
D D M M Y Y Y Y

**6** Place of birth  
Town/City   
State/Territory   
Country

**7** Current postal address (within Australia)  
  
  
Postcode

**8** Current residential address (if different to above)  
  
  
Postcode

**9** Telephone number  
Daytime            
Mobile

**10** Email

**11** Do you identify as? (if applicable)  
 Aboriginal  Torres Strait Islander  
 Aboriginal and Torres Strait Islander  
 Prefer not to state

**12** Previous blue/exemption card number (if applicable):  
      /

**13** Are you, or have you ever been a: (please tick)  
 Foster or kinship carer  
 Health practitioner  
 Operator/supervisor/carer of a child care or education service  
 Teacher

**14 Applicant’s declaration**

- I declare that:
- I have read the information on page 4 and I am not disqualified from applying for a blue card#;
  - I am the applicant named in this form and have not omitted any names or aliases that I use or have used in the past;
  - the information and identification documents provided by me for this application are true and correct and I understand it is an offence to provide a false or misleading statement or document;
  - I consent to information from any police, court, prosecuting authority or other authorised agency being obtained and for the police, courts, prosecuting authority or other authorised agency to disclose any information for the purposes of assessing my eligibility to work with children including ongoing checks while my application/blue card remains current;
  - I understand that the information obtained includes but is not limited to details of convictions^ and pending or non-conviction charges\* or information on the circumstances relating to offences committed or allegedly committed by me, regardless of when and where the offence or alleged offence occurred;
  - I am proposing to start or continue to carry on a regulated business and am not entitled to an exemption;
  - I understand and will comply with my blue card obligations including that I must notify Blue Card Services within 14 days if I change my name, contact details, or cease my child-related business; and
  - I understand and will comply with my obligation to implement and maintain a child and youth risk management strategy.

**Sign inside the box.**  
**Please do not touch or go outside the lines.**

Date of signature   /       
D D M M Y Y Y Y

## Part D – Proof of identity

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

The prescribed person must check **two current, original** identification documents from the applicant which collectively show the **applicant's full name, date of birth and signature**. The applicant's details on their identification documents must match the details provided in Part C.

One of the following combinations must be used: **EITHER**

List 1 + List 1 (one must show a signature)

OR

List 1 + List 2 (one must show a signature)

If one of the valid identification combinations above cannot be provided, complete and attach a 'Request to consider alternative identification' form.

Please indicate which identification documents have been sighted by placing a  in the box.

### LIST 1

#### SIGNATURE DOCUMENT

- Driver licence/learner permit/proof of age card  
**Licence No:**   
**Issued in the state of:**   
 Australian Passport (current or expired in the last 2 years)

#### NON-SIGNATURE DOCUMENT

- Birth certificate (or extract)  
 Proof of Australian citizenship or permanent residency  
 Overseas Passport (current)  
**Country of issue:**

### LIST 2

#### SIGNATURE DOCUMENT

- Pension Concession card/Department of Veterans' Affairs Entitlement card/Seniors Health card/Health care card/any other current financial entitlement card issued by Department of Human Services.  
 Credit card or bank card (*do not attach copy*)  
 Positive Notice Blue or Exemption card  
 Student identification card issued by an education institution (with photo and signature)  
 Queensland Gaming Machine Licence

#### NON-SIGNATURE DOCUMENT

- Medicare card  
 Queensland crowd controller/private investigator/security officer licence  
 Passbook or account statement issued by a financial institution dated in the last 6 months  
 Australian taxation assessment notice dated in the last 6 months  
 Queensland Licence issued under the *Weapons Act 1990*

If possible, please attach a photocopy of the documents sighted for verification purposes (excluding credit or bank cards).

## Part E – Declaration by prescribed person

I declare that:

- I have checked the details provided in this form and confirm they match those on the identification documents sighted; and
- I understand that it is an offence to provide a false or misleading statement or document.

I am a:

- Justice of the Peace  
 Commissioner for Declarations  
 Lawyer  
 Police Officer

Signature of prescribed person

Name of prescribed person

Date of signature     
D D M M Y Y Y Y

Stamp and Registration  
No. (if applicable)

Applicant's name

## 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*. 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. DJAG manages your personal information in accordance with the *Information Privacy Act 2009*.

## Important information

You can withdraw your consent to screening at any time before a decision is made.

### #Disqualified person

**It is an offence for a disqualified person to sign a blue card application form.**

A disqualified person is someone who:

- has been convicted<sup>^</sup> of a disqualifying offence, which includes having sex with a child (irrespective of the type of relationship e.g. teenage boyfriend/girlfriend, unlawful carnal knowledge) or other child-related sex or pornography offences 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 or an offender prohibition order under the *Child Protection (Offender Reporting and Offender Prohibition Order) Act 2004*; or
  - a disqualification order issued by a court prohibiting them from applying for or holding a blue card; or
  - a sexual offender order under the *Dangerous Prisoners (Sexual Offenders) Act 2003*.

\*Non-conviction charge means, whether a person was charged as an adult or a child, a charge: that has been withdrawn; that has been the subject of a nolle prosequi, a no true bill or a submission of no evidence to offer; that led to a conviction that was quashed on appeal; or upon which a person was acquitted or disposed of by a court otherwise than by way of conviction.





<sup>^</sup>Conviction/convicted means a finding of guilt by a court, or the acceptance of a plea of guilty by a court, whether or not a conviction is recorded and regardless of when and where it occurred.

A disqualified person can apply to be declared eligible to apply for a blue card in certain limited circumstances.

For more information about the blue card system and your obligations go to [www.bluecard.qld.gov.au](http://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](http://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 F – Payment options for SELF EMPLOYED PERSONS and PAID EXECUTIVE OFFICERS only**  
The application fee is GST exempt (under division 81), non refundable and subject to change.

A **\$90.25** fee is required. Please select one of the following payment methods:

**Credit card**—complete payment online at [www.bluecard.qld.gov.au](http://www.bluecard.qld.gov.au)

Receipt number

Date payment made      
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)


Postal address for receipt (must be completed if the receipt is to be sent to someone other than the applicant)


Postcode


Blue Card Services, Department of Justice and Attorney-General

 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](http://www.bluecard.qld.gov.au)