



Notification of change for self-employed persons

Working with Children (Risk Management and Screening) Act 2000

This form is to be completed by an applicant or cardholder who has applied for, or holds a blue/exemption card and:

- is commencing a new child-related business; or
- is proposing to commence a new child-related activity in a self-employed capacity; or
- has had a change to their business/self-employed child-related activity

Part A – Applicant/cardholder's details

1 Family name

2 First name

3 Middle name

4 Date of birth

D D M M Y Y Y Y

5 Current postal address

Postcode

6 Telephone

7 Mobile

8 Email

9 Card number (if known)

Part B - New/changed business details

1 Existing name of business (if changing business details)

2 New/changed name of business

3 Postal address of business

Postcode

4 Telephone

5 Email

Part C - 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.

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~

Adult occupant~

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 (operating under the *Child Protection Act 1999*)

Director or nominee~

Contractor entering a licensed care facility

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.



Part D - Declaration

I declare that:

- the details provided in this form are true and correct; and
- I understand that it is an offence to provide a false or misleading statement or document.

Signature of applicant/cardholder

Name of applicant/cardholder

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*. 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*.


Blue Card Services, Department of Justice and Attorney-General

 Scan and upload at www.bluecard.qld.gov.au/uploadform

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 07 3211 6999 or 1800 113 611

 07 3035 5910

 www.bluecard.qld.gov.au