



# Link an applicant/cardholder to this organisation for a carer, adult member, or regular visitor

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

**This form is to be completed by a blue/exemption card applicant/cardholder to advise they are undertaking a new or additional child-related activity as a carer, adult member, or regular visitor.**

Please email completed form to the Central Screening Unit mailbox: [cscs\\_csu\\_process@communities.qld.gov.au](mailto:cscs_csu_process@communities.qld.gov.au).

Alternatively, please mail completed form to:

Manager, Central Screening Unit

Department of Communities, Child Safety and Disability Services

GPO Box 13126, George Street, Brisbane QLD 4003

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	<table border="1"> <tr> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>D</td><td>D</td> <td>M</td><td>M</td> <td>Y</td><td>Y</td> <td>Y</td><td>Y</td> <td>Y</td><td>Y</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<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	Y	Y
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D	D	M	M	Y	Y	Y	Y	Y	Y												
5 Current postal address	<input type="text"/>																				
	<input type="text"/>																				
	Postcode																				
6 Telephone	<input type="text"/>																				
7 Mobile	<input type="text"/>																				
8 Email	<input type="text"/>																				
9 Card number (if known)	<input type="text"/>																				
10 Card expiry date	<input type="text"/>																				
11 Card type (V,P,E)	<input type="text"/>																				

Part B – Authorised party's details
Central Screening Unit (CSU) Department of Communities, Child Safety and Disability Services

Part C – Central Screening Unit details	
File reference number	<input type="text"/>
CSU officer signature	<input type="text"/>
Please <input checked="" type="checkbox"/> the appropriate box	
<b>Foster care</b>	<b>Kinship care</b>
<input type="checkbox"/> Carer	<input type="checkbox"/> Carer
<input type="checkbox"/> Adult member	<input type="checkbox"/> Adult member
<input type="checkbox"/> Regular visitor	<input type="checkbox"/> Regular visitor
Important, please identify whether applicant is:	
<input type="checkbox"/>	a provisionally approved carer or adult member of a provisionally approved carer's household
<input type="checkbox"/>	an adult member of an approved carer's household
<input type="checkbox"/>	a new adult member of a household for which an application to be an approved carer is in process
<input type="checkbox"/>	none of the above



## Part D – Applicant/cardholder'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 authorised party 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 the 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 E - Department/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 cardholder/applicant is proposing to start or continue in regulated employment;
- 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

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

Blue Card Services, Department of Justice and Attorney-General

 Scan and upload at [www.bluecard.qld.gov.au/uploadform](http://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](http://www.bluecard.qld.gov.au)