



**PART C Paid Employee's Details**

(this section must be completed by the paid employee)

7 Have you ever applied for or held a blue card?

Yes  No

Blue card No. (if known)

8 Your title Mr  Mrs  Miss  Ms

Other

9 Name you presently use

Family 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 12

Yes  give details below:

If you require more space, please tick this box  and attach a separate list

Family Name

First Name

Middle Name

Reason for change

12 Are you

Male  Female

13 Date of birth

/  /   
DAY MONTH YEAR

14 Place of birth

Town/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 provide details on a separate sheet of paper and tick this box

17 Your telephone numbers

Daytime

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 Child Safety

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 Department of Child Safety

director of a school's governing body

**Note:** You must tell the Commission within 14 days if your name or contact details change

21 Paid employee's declaration

Please read the following carefully before signing:

- I declare that the information I have supplied in this form and the identification documents shown to my employer or the prescribed person are true and correct.
- I consent to the Commission, in accordance with the *Commission for Children and Young People and Child Guardian Act 2000*, obtaining a check of police information (including charges, convictions and certain investigative information), certain disciplinary information and other relevant information from police, courts, prosecuting authorities and other bodies.

**Do not sign outside the box as your signature will be scanned onto your card.**

Date of signature  /  /   
DAY MONTH YEAR

Applicant's Name

## PART D Proof of Identity Declaration

(this section must be completed by the employer)

The employer is responsible for sighting the paid employee's identification documents.

However, in limited circumstances (where the paid employee resides more than 50kms from the employer's business address or has a disability that affects his or her mobility), this responsibility can be exercised by a prescribed person.

A prescribed person is a Justice of the Peace, Commissioner for Declarations, Lawyer or Police Officer.

**Irrespective of whether or not the employer can sight the identification documents, they must complete Part E.**

Where the employer is **unable** to sight the identification documents, a prescribed person must sight them and complete **Parts D and F**.

### Identification requirements

The paid employee must produce two original identification documents to confirm their identity. Together the documents must show:

- full name
- date of birth
- signature

The employer must certify in **Part E** 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 paid employee's **full name, date of birth and signature**.

**OR**

**List 1** + **List 1**

Two original documents from List 1 which together show the paid employee'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.

Please photocopy the documents sighted and any change of name documents and attach them to this application form.

**Note:** If you cannot provide an identification document from either List 1 or List 2 please contact the Commission on **3247 5145 or 1800 113 611**.

Please tick the relevant box and record number (where applicable)

#### 22 LIST 1

##### Signature Document

- Current driver licence/learner's permit/proof of age card (with photo)

Document No:

- 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

The employer must complete **Part E**.

Where the employer is **unable** to sight the identification documents, a prescribed person must sight them and complete **Parts D and F**.

Applicant's Name

**PART E Declaration by Employer**  
(to be completed by the employer)

I certify that I have the authority to submit the paid employee's personal information to the Commission for screening purposes.

**EITHER**

I certify that I have sighted the original documents in Sections 22 and/or 23 proving the paid employee's identity (including their full name, date of birth and signature) and have checked their personal information on this form against the original documents.

**OR**

I certify that I am unable to sight the identification documents because:

- the paid employee's usual residence is more than 50kms from the business address, or
- the paid employee has a disability affecting his or her mobility.

Full Name

Signature

Position

Date  /  /   
DAY MONTH YEAR

**PART F Declaration by Prescribed Person**  
(to be completed by a prescribed person)

I certify that I have sighted the original documents in Sections 22 and/or 23 proving the paid employee's identity (including their full name, date of birth and signature) and checked their personal information on this form against the original documents.

I am a:

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

Stamp or Registration No.  
(if applicable)

Signature

Full Name

Date  /  /   
DAY MONTH YEAR

**About the information you give**

The Commission is authorised to collect information provided in this form under the *Commission for Children and Young People and Child Guardian Act 2000*.

The information will be used to obtain relevant police information held by the Queensland Police Service and other Police Services in Australia for details, if any, of charges, convictions (including findings of guilt or pleas of guilt, whether or not a conviction was recorded) and certain investigative information.

Information may also be provided to relevant disciplinary bodies to obtain certain disciplinary information.

If any relevant record is identified, more information about that record may be sought from agencies such as courts, police, prosecuting authorities and State Reporting Bureaus to enable a full and informed assessment of this application.

Information is provided to Queensland Police Service to monitor blue card compliance and for police investigations relevant to the harm of children.

It may also be disclosed to other relevant people or organisations as authorised under the Act.

An applicant may withdraw their consent to screening at any time before a decision is made about their application.

The Commission may publish a register of valid, lost or stolen blue card numbers on its website.

The use of this information is covered by the confidentiality provisions of the *Commission for Children and Young People and Child Guardian Act 2000* and the principles of the Commission's Privacy Policy available at: [www.bluecard.qld.gov.au](http://www.bluecard.qld.gov.au)

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commission for  
children and young people  
and child guardian

Applicant's Name