

Application for criminal history screening (prescribed notice)



For use by a non-government service provider funded by Disability Services Queensland on behalf of a person engaged or seeking to be engaged by the service provider.
Disability Services Act 2006 Section 83

Under the *Disability Services Act 2006*, all people engaged by non-government service providers funded by Disability Services Queensland must undergo criminal history screening every two years.

WHO NEEDS CRIMINAL HISTORY SCREENING?

Any person who has an agreement (written or unwritten) with the funded non-government service provider to work at a place where disability services are provided must apply for a prescribed notice including:

- employees
- volunteers
- people who have a contract with the funded service provider
- members of a board, management committee or other governing body
- executive officers
- students

The following are not required to apply for a prescribed notice:

- consumer of services
- tradesperson who is not an employee
- a relative of a consumer *only* providing care for their relative

HOW TO COMPLETE THIS FORM:

- This form can only be submitted by a Disability Services Queensland funded non-government service provider.
- **Parts A and B** must be completed by the person engaged by the service provider.
- **Parts C, D and E** must be completed by the funded non-government service provider
- Please print clearly, use BLOCK letters and indicate with a tick where required
- Complete the checklist at the end of the form

YOUR PRIVACY

The information provided by you on this form is requested for the purpose of Part 10 of the *Disability Services Act 2006*. This is authorised under Part 10 of the *Disability Services Act 2006*. The information must not be used for any other purpose. The information may be provided to the Queensland Police Service. This form and any information about you obtained from the Queensland Police Service will be stored in a secure facility and only authorised departmental officers will have access to the information. The information will not be disclosed to third parties without your consent or unless required to be disclosed by law.

PART A – To be completed by the person engaged or seeking to be engaged by the funded non-government service provider

PERSONAL DETAILS

Have you ever applied for or held a DSQ positive notice and card? Yes No

Title: Mr Mrs Ms

Gender:

Family name :

Given name:

Middle name:

(do not abbreviate)

Other names used:

Other names:

Circumstances of name change:

Proof of name change:

(eg. maiden name, previous names, aliases. Provide proof of name change, eg. deed poll, marriage certificate)

PART A – To be completed by the person engaged or seeking to be engaged by the funded non-government service provider

Home address:

Mailing address: (if different from above)

Contact number:
Mobile:
Work:
Home:

Contact email:
Personal:
Work:

Date and place of birth:
Date:
City: State:
Country:

Proof of identity from List 1:
Type: Exp:
Number:
State/Country of Issue:

(eg driver's licence, passport)

Proof of identity from List 2:
Type: Exp:
Number:
(eg. medicare card)

>>> For further guidance on which forms of identity may be used please see Part D

Please tick the box which best describes your position:

- employee
- volunteer
- person who has a contract with the funded service provider
- members of a board, management committee or other governing body
- executive officers *
- students

* Executive officer means any person who is concerned with or takes part in the management of the organisation, even if they are not called an executive officer.

Note: You must tell Disability Services Queensland within 14 days if your name or contact details in this application change by completing form 10-2.

PART B – To be completed by the person engaged or seeking to be engaged by the funded non-government services provider

DECLARATION OF PERSON ENGAGED OR SEEKING TO BE ENGAGED DISABILITY SERVICES QUEENSLAND

Please read the following carefully before signing:

- I declare that the information that I have provided in this form and the identification documents shown to the funded non-government service provider are true and correct.
- I consent to Disability Services Queensland, in accordance with Part 10 of the *Disability Services Act 2006*, obtaining a check of criminal

history information (including charges and convictions) and certain investigative information from police, courts, prosecuting authorities and other bodies in Queensland or elsewhere in Australia.

- I understand that it can be an offence under the *Disability Services Act 2006* to state anything in this form or provide material that is false or misleading.

Signature:

Date:

PART C – To be completed by the funded non-government service provider

DETAILS OF FUNDED NON-GOVERNMENT SERVICE PROVIDER

Service provider name:

Local contact name:

Position:

Local contact telephone:

Local contact email:

Reason for this application (please tick one only)

- current or new engagement
- change in criminal history
- 2 yearly criminal history check
- cancellation or suspension of positive notice and issue of further prescribed notice

PART D – To be completed by the funded non-government service provider

PROOF OF IDENTITY

The funded non-government service provider is responsible for sighting the identifying information about the engaged person, and certifying that these documents have been sighted.

The identification documents which may be used are set out in the *Disability Services Regulation 2006*.

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

- full name;
- date of birth; and
- signature.

The funded non-government service provider must certify in **Part E** that they have sighted documents relating to proof of the engaged person's identity. At least one of the documents sighted must show the engaged person's signature.

One primary identification document from **List 1 +**

One secondary identification document from **List 2** must be sighted.

If you cannot provide an identification document from either List 1 or List 2 please contact the Criminal History Hotline on 1800 183 690.

Note:

- **At least one document must include a signature of the individual identified**
- 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 tick the relevant box for the identification you have sighted

List 1 – Primary Identification Documents

- Current Australian driver licence containing a photograph of the engaged person
- Current passport (with photo)
- Birth certificate
- Australian citizenship certificate or current document evidencing permanent Australian residency status
- Current consular identity document containing a photograph

List 2 – Secondary Identification Documents

- Recent (the last 12 months) account or notice issued by a public authority (for example: council rate notice; electricity account statement; gas account statement, land valuation notice, telephone account statement)
- Recent (the last 12 months) document evidencing electoral enrolment

continued overleaf

PART D – To be completed by the funded non-government service provider

Identification card issued by Commonwealth or a State as evidence of the engaged person's entitlement to a financial benefit (for example: Commonwealth seniors health card, health care card, medicare card, pensioner concession card and repatriation health card)

Current account card or current credit card or account card from a bank/building society/credit union (with name and signature)

Passbook or account statement issued by a bank/building society/credit union dated in the last 12 months.

PART E – To be completed by the funded non-government service provider

CERTIFICATION BY FUNDED NON-GOVERNMENT SERVICE PROVIDER

I certify that I have sighted, in accordance with the *Disability Services Act 2006*, one primary identification document and one secondary identification document proving the engaged

person's identity and have checked their personal information on this form against the original documents.

Signature:

Date:

CHECKLIST – Please indicate that all sections of the form have been completed and all relevant documentation has been attached.

- Parts A and B have been completed by the person engaged or seeking to be engaged (required)
- Parts C, D and E have been completed by the funded non-government service provider (required)

RETURN TO:

MISCONDUCT PREVENTION UNIT

Disability Services Queensland
PO Box 10179 BRISBANE ADELAIDE STREET QLD 4000