

Volunteer blue card application form

The *Commission for Children and Young People and Child Guardian Act 2000* (the Act) requires anyone over 18 seeking to work with children under 18 years of age in particular employment or carrying on particular businesses to undergo screening – the Working with Children Check.

Before you complete this form, please read “*How to apply for a blue card*”.

To avoid delays in processing your application, please ensure you:

- complete in full parts A-E
- give correct details
- write clearly in English, using BLOCK letters. Indicate where required
- use a blue or black pen
- sign and date the form where required

Note: Applications for volunteers are processed free of charge.

PART A Organisation’s Details (this section must be completed by the volunteer co-ordinator)

<p>1 Name of Organisation <input type="text"/></p> <p>2 Postal Address of Organisation <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode:</p> <p>3 Contact person <input type="text"/></p> <p>4 Position <input type="text"/></p> <p>5 Phone <input type="text"/> Fax <input type="text"/> Email <input type="text"/> <input type="text"/></p> <p>Additional Information The word “organisation” is taken to mean “employer” for the purposes of complying with the Act.</p>	<p>6 Type of child-related volunteering for which a blue card is sought (please tick appropriate box)</p> <p><input type="checkbox"/> residential facilities</p> <p><input type="checkbox"/> schools (other than registered teachers)*</p> <p><input type="checkbox"/> school boarding houses</p> <p><input type="checkbox"/> child care</p> <p><input type="checkbox"/> churches, clubs and associations♦</p> <p><input type="checkbox"/> child counselling and support services</p> <p><input type="checkbox"/> private teaching, coaching or tutoring</p> <p><input type="checkbox"/> education programs outside of school</p> <p><input type="checkbox"/> child accommodation including homestays</p> <p><input type="checkbox"/> religious representatives</p> <p><input type="checkbox"/> sport and active recreation♦</p> <p><input type="checkbox"/> emergency services cadet program</p> <p><input type="checkbox"/> school crossing supervisors</p> <p>Exemptions apply for</p> <p>* volunteer parents of a child attending the school</p> <p>♦ volunteer parents involved in the same or similar activity as his or her child</p>
---	---

Please note: Volunteers must hold a valid blue card before they commence work in particular categories of employment regulated by the Act.

PART B Proof of Identity Declaration

(this section must be completed by the person sighting the applicant's documents)

The employer, volunteer co-ordinator or education provider is responsible for sighting the applicant's identification documents supporting their true identity.

However, a prescribed person may sight the documents if:

- the applicant's usual residence is more than 50km from your business address or from the place where the education provider conducts courses, or
- the applicant has a disability that affects his or her mobility.

If you are the employer, volunteer co-ordinator or education provider and can sight the documents, complete sections 7, 8 and 9.

If you cannot sight the documents you must complete section 23 and return it to the applicant so a prescribed person can complete sections 7, 8 and 24.

Note: It is the employer's responsibility to ensure the application has been submitted on the applicant's behalf.

Proof of Identity Documents

Information for the person sighting the documents

The applicant **MUST** provide **original documents** (not photocopies) which support their identity.

To confirm the applicant's personal details, you must sight **TWO forms of identification – one from List 1 and one from List 2.**

You must be able to confirm that the following details on the application form match those on the identification documents:

- full name
- date of birth
- signature

If the applicant cannot provide an identification document from either list, please contact the Commission.

Where any document is in a former name, you must sight an official document e.g. marriage certificate or deed poll, which shows the applicant's change of name, or a document the Commissioner considers to be sufficient evidence of that name change.

7 List 1 – Please tick and record identification number The employer must sight 1 original document from this list SIGNATURE DOCUMENT

- current driver photo licence issued in Australia or 18+ card (Qld Transport issued)

Licence No:

- current Australian passport issued by the Australian Passport Office or an Australian passport that has expired within the last two years

Passport No:

- current overseas passport or overseas passport that has expired within the last two years

Passport No:

NON-SIGNATURE DOCUMENT

- birth certificate (extract)

Reference No:

- Australian naturalisation or citizenship document or immigration papers issued by the Commonwealth Department of Immigration and Multicultural Affairs

Reference No:

- current consular photo identity card issued by the Department of Foreign Affairs and Trade

Reference No:

8 List 2 – The employer must ALSO sight 1 original document from this list (tick relevant box)

SIGNATURE DOCUMENT

- Pension Concession Card, Department of Veterans' Affairs entitlement card, Senior's Health Card or any other current entitlement card issued by the Commonwealth or State Government

- current credit card, or account card from a bank, building society or credit union

NON-SIGNATURE DOCUMENT

- current Medicare card
- telephone, gas or electricity bill up to a year old, where name and address matches those on this application
- water rates notice, council rates or land valuation notice up to two years old, where name and address matches those on this application
- electoral card or other evidence of enrolment up to two years old, where name and address matches those on this application

Important Note: People making or submitting false or misleading statements or documents may be subject to prosecution under the provisions of the *Commission for Children and Young People and Child Guardian Act 2000*.

9 Employer/volunteer co-ordinator/education provider to complete where one of these people sights the documents

I certify that:

- I am the applicant's employer/volunteer co-ordinator/education provider representative and have the authority to submit the applicant's name and details to the Commission for screening purposes
- Information about the screening process has been given to the applicant, who has consented to these checks
- I have sighted the original documents proving the applicant's identity and checked the applicant's personal details on this form against the original documents as marked in sections 7 and 8.

Signature

Position

Full Name

Date / /
DAY MONTH YEAR

Applicant's Name

PART C - Applicant's Details (this section must be completed by the volunteer)

10 Applicant's title Mr Mrs Miss Ms
 Other

11 Your Present Name
 Surname
 First Name
 Middle Name/s
 I do not have a middle name (please tick)
 Abbreviations of First Name
 eg. Elizabeth abbreviation Liz

Note: You must tell the Commission within 14 days if you change your name or start using another name.

12 Have you been known by any other names?
 (including name at birth, previous married names, maiden names, aliases)
 No Go to question 13
 Yes Give details

(1) Surname
 First Name
 Middle Name/s
 Reason for name change
 Deed Poll Marriage Alias Other

(2) Surname
 First Name
 Middle Name/s
 Reason for name change
 Deed Poll Marriage Alias Other
 If insufficient space, attach a separate list.

13 Sex Male Female

14 Date of birth / /
DAY MONTH YEAR

15 Place of birth
 Town/City
 State
 Country

16 Current residential/postal address
Note: You must tell the Commission within 14 days if your address changes.

 Postcode

17 Previous addresses in last 5 years
 (If insufficient space, attach a separate list)

 Postcode

18 Your telephone numbers
 Daytime Area code ()
 After hours Area code ()
 Mobile

19 Are you currently or have you ever been:
 a registered teacher in Qld
 an approved foster carer
 a registered health practitioner
 a registered or enrolled nurse or midwife
 a licensee of a child care service

20 Do you identify as:
 Aboriginal Torres Strait Islander
 Australian South Sea Islander Other
 Do you speak a language other than English at home?
 No Yes
 If yes, please specify

21 Applicant's Declaration (this section must be completed by the volunteer)
 Please read the following carefully before signing.

- I declare that the information I have supplied in this form is true and correct.
- I declare that my identification documents shown to my employer/volunteer organisation/education provider/prescribed person are true and correct.
- I understand the screening process will include a check of police information (including charges, convictions and certain investigative information) and certain disciplinary information. If any relevant record is identified, additional information may be sought from courts, police, prosecuting authorities and other relevant bodies for a full and informed assessment. I consent to the Commission obtaining this information as part of the screening process.
- I understand my consent to employment screening can be withdrawn at any time before a decision is made about my application.

Signature of Applicant
 Date / /
DAY MONTH YEAR
Note: It is an offence under the Commission for Children and Young People and Child Guardian Act 2000 to deliberately make a false or misleading statement.

Applicant's Name

PART D Applicant's Signature

22 Please sign inside the box below using a black or blue pen.

Please do not sign over the lines or outside the box

This signature will be scanned onto your card

Volunteer's Full Name

Date of signature

/ /
DAY MONTH YEAR

Please present, fax or mail this form to the Employment Screening Services Unit

PART E

23 Certification by employer/volunteer co-ordinator/ education provider.
(To be completed where the employer/volunteer co-ordinator/education provider is unable to sight the documents)

I certify that:

- I am the applicant's employer/volunteer co-ordinator/ education provider representative.
- I am unable to sight the documents in sections 7 and 8 because:
 - the applicant's usual residence is more than 50km from their employer's business address or a place used by the education provider for conducting courses; or
 - the applicant has a disability that affects his or her mobility.

Signature

Full Name

Date

/ /
DAY MONTH YEAR

24 Prescribed person to complete where employer/volunteer co-ordinator/education provider is unable to sight the documents

I have sighted the original documents in sections 7 and 8 proving the applicant's identity and checked the applicant's details on this form against the original documents.

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

Stamp or Registration No.
(if applicable)

Signature

Full Name

Date

/ /
DAY MONTH YEAR

Applicant's Name

About the information you give

The Commission is authorised to collect information provided in this form under Part 6 of the *Commission for Children and Young People and Child Guardian Act 2000*.

The information provided will be used to obtain relevant police information held by Queensland Police Service and other Police Services in Australia for details, if any, of charges, convictions (including findings of guilt or pleas of guilty, 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, additional 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 your application.

Information is provided to Queensland Police Service for the purposes of monitoring blue card compliance and for police investigations relevant to the harm of children and may also be disclosed to other relevant people or organisations as authorised under the Act.

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

The collection, access, storage, use and disclosure by the Commission of the information you provide in this form is covered by the confidentiality provisions of the *Commission for Children and Young People and Child Guardian Act 2000* and, in particular, the principles contained in the Commission's Privacy Policy which is available on the Commission's website at: www.bluecard.qld.gov.au.

Commission for Children and Young People
and Child Guardian

Level 14, T & G Building
141 Queen Street
Brisbane Qld 4000

PO Box 12671
Brisbane George Street Qld 4003

Phone: 07 3247 5145
Toll-free: 1800 113 611
Fax: 07 3247 5200

Website: www.bluecard.qld.gov.au

Note: applications for volunteers are
processed free of charge



commission for
children and young people
and child guardian