

# APPLICATION FOR SUITABILITY NOTICE FOR A VOLUNTEER



Commission for  
Children & Young People  
Queensland Government  
ABN 516 392 177 91



This form **MUST** be completed in full (Parts A to D).

**Please Note: Applications for volunteers will be processed free of charge.**

## PLEASE USE BLOCK LETTERS TO COMPLETE THIS FORM AND PRINT CLEARLY

Part 6 of the *Commission for Children and Young People Act 2000* requires a person (over the age of 18 years) seeking to work with children (under the 18 years of age), in a voluntary capacity, to undergo a screening process based on his or her criminal history, to determine the person's suitability to work in child-related employment.

### PART A ORGANISATION'S DETAILS (THIS SECTION MUST BE COMPLETED BY THE VOLUNTEER COORDINATOR)

Name of Organisation: \_\_\_\_\_

Address of Organisation: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact person: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Type of child-related volunteering for which a Suitability Notice is sought (tick appropriate box)

- |   |  |
|---|--|
| <input type="checkbox"/> Residential facility                   | <input type="checkbox"/> School (volunteer other than a registered teacher or volunteer parent of a child enrolled at the school)                                    |
| <input type="checkbox"/> Boarding facility at a school          | <input type="checkbox"/> Church, club or association involving children (other than a volunteer parent involved in the same or similar activity as his or her child) |
| <input type="checkbox"/> Counselling and support service        | <input type="checkbox"/> Other (please specify): _____   |
| <input type="checkbox"/> Private teaching, coaching or tutoring |  |
| <input type="checkbox"/> Alternative and flexible education     |  |

The word "organisation" as it appears on this application form is taken to mean "employer" for the purposes of complying with the Act.

### PART B ORGANISATION'S DECLARATION (THIS SECTION MUST BE COMPLETED BY THE VOLUNTEER COORDINATOR)

The applicant **MUST** provide documentation, which supports his or her true identity.

**THE VOLUNTEER COORDINATOR MUST SIGHT ONE ORIGINAL DOCUMENT FROM LIST 1 AND ONE ORIGINAL DOCUMENT FROM LIST 2 AS LISTED BELOW. ONE DOCUMENT MUST SHOW THE APPLICANT'S SIGNATURE. ALL DOCUMENTS MUST BE ORIGINALS. PHOTOCOPIES ARE NOT ACCEPTABLE. PLEASE NOTE THAT IF THE APPLICANT IS UNABLE TO PROVIDE AN IDENTIFICATION DOCUMENT FROM EITHER LIST, A STATUTORY DECLARATION IS AVAILABLE UPON REQUEST.**

Where any of the documents are in a former name, the volunteer coordinator must sight an official document (for example, a 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 change of name.

- I declare that I am the Volunteer Coordinator of the applicant listed on this form and I have authority to submit his or her name and details to the Commission for Children and Young People for screening purposes.
- I declare that the information in relation to the screening process has been provided to the applicant who has consented to these checks being conducted.
- I declare that I have sighted the documents relating to this applicant's identity as indicated below, and have checked the personal details of this applicant. **(Please tick the documents sighted and ensure that the document identification number has been recorded.)**

#### PROOF OF IDENTITY DOCUMENTS

LIST 1	LIST 2
<input type="checkbox"/> current driver photo licence issued within Australia / 18+ Card (Qld Transport issued) <b>Licence No:</b> _____	<input type="checkbox"/> current Medicare card
<input type="checkbox"/> birth certificate (extract) <b>Reference No:</b> _____	<input type="checkbox"/> 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
<input type="checkbox"/> current Australian passport issued by the Australian Passport Office or an Australian Passport that expired within the last two years <b>Passport No:</b> _____	<input type="checkbox"/> current credit card, or account card from a bank, building society or credit union
<input type="checkbox"/> current overseas passport or overseas passport that has expired in the last two years <b>Passport No:</b> _____	<input type="checkbox"/> passbook from a bank, building society or credit union
<input type="checkbox"/> Australian naturalisation or citizenship document or immigration papers issued by the Commonwealth Department of Immigration and Multicultural Affairs <b>Reference No:</b> _____	<input type="checkbox"/> telephone, gas or electricity bill up to one year old, where name and address match those on this application
<input type="checkbox"/> current consular photo identity card issued by the Department of Foreign Affairs and Trade <b>Reference No:</b> _____	<input type="checkbox"/> water rates notice, council rates or land valuation notice up to 2 years old, where name and address match those on this application
	<input type="checkbox"/> electoral card or other evidence of enrolment up to two years old, where name and address match those on this application

- I understand that it is a serious offence under the *Commission for Children and Young People Act 2000* to make a deliberately false or misleading statement.

Full Given Name of Applicant: \_\_\_\_\_

Name of Volunteer Coordinator: \_\_\_\_\_

Signature of Volunteer Coordinator: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PART C APPLICANT'S DETAILS (THIS SECTION MUST BE COMPLETED BY THE VOLUNTEER)**

The information you supply in this application form is required under Part 6 of the *Commission for Children and Young People Act 2000* and will be used for the purposes of Part 6 of the Act only. In particular, this information will be provided to the Queensland Police Service in order to carry out the requirements of Part 6 of the Act including a national criminal history check.

A **Working with Children Check** Suitability Card will be issued to you if you are deemed suitable to work in certain child-related employment. Your volunteer organisation will also be notified of your suitability status. The **Working with Children Check** Suitability Card is valid for 2 years, unless it is cancelled earlier. All correspondence will be sent to you at the postal address nominated on this form. **Any changes to your details should be provided to the Commission.**

In instances where the employment screening processes indicate that you have a criminal history that may make you unsuitable for child-related employment, the Commissioner will give notice to you and provide you with an opportunity to respond before making a final decision.

**PLEASE USE BLOCK LETTERS AND PRINT CLEARLY**

Mr  Mrs  Miss  Ms  Dr  Other (please specify): \_\_\_\_\_

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Middle names (indicate if not applicable): \_\_\_\_\_ Abbreviations of first name: \_\_\_\_\_

**All** former names (e.g. maiden name, aliases, change of name by deed poll, etc.) (if space is insufficient please attach a separate list):

Former surname: \_\_\_\_\_ Former first name: \_\_\_\_\_ Former middle name: \_\_\_\_\_

Former surname: \_\_\_\_\_ Former first name: \_\_\_\_\_ Former middle name: \_\_\_\_\_

Current postal address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Previous addresses within last 5 years (if space is insufficient please attach a separate list): \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

Male  Female

Place of Birth: Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Do you identify as:  Aboriginal  Torres Strait Islander  Australian South Sea Islander  Other

Do you have a language other than English that you speak at home? YES / NO If yes, please specify: \_\_\_\_\_

**PART D APPLICANT'S DECLARATION (THIS SECTION MUST BE COMPLETED BY THE VOLUNTEER)**

- (1) I declare that the details provided by me in this application and the documents shown to my volunteer coordinator proving my identity, are true and correct.
- (2) I understand that before a person can be considered for a child-related position, an application for a screening check must be lodged with the Commission for Children and Young People to determine that person's suitability for child-related employment.
- (3) I understand that the screening process will include a check being made of the records of the Queensland Police Service and other Police Services in Australia for details, if any, of convictions (including findings of guilt and acceptance of pleas of guilty, whether or not convictions were recorded) and of any charges that may have been laid against me, no matter where or when. If any relevant record is identified, additional information relating to that record may be sought from sources such as courts, police and prosecuting authorities to enable a full and informed assessment. I give my consent to be checked as part of the suitability screening process.
- (4) I understand that it is an offence under the *Commission for Children and Young People Act 2000* to give information or provide a document for the purpose of this application, knowing it to be false or misleading.
- (5) I also understand that my consent to suitability screening can be withdrawn at any time prior to a Suitability Notice being issued, if made in writing.

**DO NOT SIGN OVER THE LINES OR OUTSIDE THE BOX  
Your signature will be scanned onto your Suitability Card.  
Please sign within the box using a black or blue pen.**

Volunteer's signature



Volunteer's full name: \_\_\_\_\_

Date of signature: \_\_\_\_\_

**PRESENT, FAX OR MAIL THIS FORM TO:**  
EMPLOYMENT SCREENING SERVICES UNIT  
COMMISSION FOR CHILDREN AND YOUNG PEOPLE

LEVEL 14, T & G BUILDING PO BOX 12671  
141 QUEEN STREET BRISBANE GEORGE STREET  
BRISBANE QLD 4000 QLD 4003

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

If faxing your form please do not also send originals

**PLEASE NOTE:**

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VOLUNTEERS WILL BE  
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CHARGE**