



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

*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 or adult member.**

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 Child Safety, Youth and Women

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
<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												
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 Child Safety, Youth and Women

Part D – Location
Address where care is being provided:
<input type="text"/>
Postcode
<input type="text"/>

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						
<table border="0"> <tr> <td><b>Foster care</b></td> <td><b>Kinship care</b></td> </tr> <tr> <td><input type="checkbox"/> Carer</td> <td><input type="checkbox"/> Carer</td> </tr> <tr> <td><input type="checkbox"/> Adult member</td> <td><input type="checkbox"/> Adult member</td> </tr> </table>	<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
<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					
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 E – 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; and
- I understand and will comply with my blue card obligations including that I must notify Blue Card Services within 14 days if I change my name, contact details, or my child-related employment ends.

Signature of applicant/cardholder

Full name of applicant/cardholder

Date of signature

  
D D  
M M  
Y Y Y Y

### Part F – 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

The Department of Justice and Attorney-General (DJAG) is collecting your personal information under the *Working with Children (Risk Management and Screening) Act 2000 (WWC Act)*. Where relevant, DJAG will disclose personal information to organisations you work for or provide services to about whether you have a current application for, or hold a current blue/exemption card; the outcome of this application which may include its withdrawal or negative notice, or if your blue/exemption card is subsequently suspended or cancelled. DJAG publishes confirmation about whether your blue card is valid. DJAG will use and disclose your personal information to assess your application for a blue/exemption card and will disclose your personal information to courts, law enforcement agencies, disciplinary or supervisory bodies or anyone you have agreed for DJAG to discuss your application with. It may also be used to contact you with more information about your application and the Blue Card process. DJAG may use electronic communication for matters of information provision and collection of data for research purposes. Authorised users of the home-based care register, kept pursuant to the *WWC Act*, may also have access to your personal information. DJAG manages your personal information in accordance with the *WWC Act* and the *Information Privacy Act 2009*.