



Volunteer blue card application form

The Commission for Children and Young People and Child Guardian Act 2000 requires anyone over 18 seeking to work with children under 18 years of age in certain categories of regulated employment to be obtain a blue card.

How to fill out this application form

To avoid delays in processing this application please write clearly using BLOCK LETTERS and ensure:

- the organisation/volunteer co-ordinator completes **Parts A, C and D**
- the volunteer completes **Part B**
- you indicate with a tick where required.

Applications for volunteers are processed free of charge.

Volunteers must hold a valid blue card before they commence child-related employment regulated by the Act.

Note: It is an offence to provide false or misleading information to an organisation or the Commission.

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

<p>1 Name of organisation</p> <input style="width: 90%;" type="text" value="Runcorn Horse & Pony Club Inc."/> <input style="width: 90%;" type="text"/> <hr/> <p>2 Postal address of organisation</p> <input style="width: 90%;" type="text" value="PO BOX 2211"/> <input style="width: 90%;" type="text" value="RUNCORN QLD"/> <input style="width: 90%;" type="text"/> <input style="width: 90%; text-align: right;" type="text" value="Postcode: 4113"/> <hr/> <p>3 Contact person</p> <input style="width: 90%;" type="text" value="John Martin"/> <hr/> <p>4 Contact person's position</p> <input style="width: 90%;" type="text" value="Chief Instructor"/> <hr/> <p>5 Phone <input style="width: 80%;" type="text" value="07 3841 4920"/> Email <input style="width: 80%;" type="text" value="john@runcornponyclub.org.au"/> Fax <input style="width: 80%;" type="text" value="07 3841 4923"/> <hr/> <p>Additional Information The word "organisation" is taken to mean "employer" for the purposes of complying with the Act.</p> </p>	<p>6 Type of child-related employment 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^o</p> <p><input type="checkbox"/> churches, clubs and associations[◆]</p> <p><input type="checkbox"/> health, 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 checked="" 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><input type="checkbox"/> volunteer of the licensed care service</p> <p><input type="checkbox"/> volunteer working for a business providing services at a licensed care service</p> <p>Note: Exemptions apply in certain circumstances, eg. a parent is exempt if they provide services:</p> <ul style="list-style-type: none"> * at the school their child attends ^o at a centre where their child regularly receives child care [◆] within a church, club or association which are the same or similar to those received by their child [♣] as part of sport or active recreation involving their child <p>The organisation is responsible for declaring that the volunteer is not exempt (see Part D).</p>
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Applicant's Name

PART B Volunteer's Details

(this section must be completed by the volunteer)

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

21 Volunteer's declaration

I declare:

- the information and identification documents provided for this application are true and correct and that it is an offence to provide false or misleading information;
- that I am proposing to undertake regulated employment and am not entitled to an exemption;
- I am aware of my obligations as a blue card applicant/card holder;
- I give my consent for the Commission to obtain information from police, courts, prosecuting authorities and other bodies for the purpose of employment screening under Part 6.

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 C Proof of Identity Declaration

(this section must be completed by the organisation/volunteer co-ordinator)

The organisation/volunteer co-ordinator is responsible for sighting the volunteer's identification documents.

However, in limited circumstances (where the volunteer resides more than 50kms from the organisation'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 organisation/volunteer co-ordinator can sight the identification documents, they must complete Part D.

Where the organisation/volunteer co-ordinator is **unable** to sight the identification documents, a prescribed person must sight them and complete **Parts C and E**.

Identification requirements

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

- full name
- date of birth
- signature

The organisation/volunteer co-ordinator must certify in **Part D** 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 volunteer's **full name, date of birth and signature**.

OR

List 1 + **List 1**

Two original documents from List 1 which together show the volunteer'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 organisation/volunteer co-ordinator must complete **Part D**.

Where the organisation/volunteer co-ordinator is **unable** to sight the identification documents, a prescribed person must sight them and complete **Parts C and E**.

Applicant's Name

PART D Declaration by Organisation/ Volunteer Co-ordinator

(to be completed by the organisation/
volunteer co-ordinator)

I declare that:

- I am authorised to submit this application on behalf of the organisation; and
- the volunteer is proposing to undertake regulated employment and an exemption does not apply; and

Please tick appropriate box

I have checked the details provided in this form and confirm they match those on the identification documents sighted.

OR

- I am unable to sight the identification documents because:
- the volunteer's usual residence is more than 50kms from the business address, or
 - the volunteer has a disability affecting his or her mobility.

Note: It is an offence to provide false or misleading information to the Commission.

Full Name

Signature

Position

Date
DAY MONTH YEAR

PART E Declaration by Prescribed Person

(to be completed by a prescribed person)

I declare I have checked the details provided in this form and confirm they match those on the identification documents sighted.

Note: It is an offence to provide false or misleading information to the Commission.

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

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

Applicant's Name