

# Authorisation to confirm a valid blue card/application

A person may complete this form to enable the Commission to advise the nominated authorised person of the matters listed in the consent on this form.

## PART A Card holder's/Applicant's personal details

**1** Family name

First name/s

Middle name/s

Date of birth  Place of birth

Current postal address

Daytime contact no.

Blue card number  Blue card expiry date

## PART B Authorised person's details

**2** Name of authorised person

Name of organisation (if applicable)

Position (if applicable)

Postal address

Telephone  Fax

## Part C Child related activity details

Please tick appropriate box  for your child related activity

**For paid employees**

Type of child related activity

- residential facilities
- schools
- school boarding houses
- childcare
- churches, clubs and associations
- health counselling and support services
- private teaching, coaching and tutoring
- education programs outside of school
- child accommodation including homestays
- religious representatives
- sport and active recreation
- emergency services cadet program
- school crossing supervisors
- licensed care service

**For business operators/self employed individuals**

Type of child related activity

- health counselling and support services
- private teaching, coaching and tutoring
- education programs outside of school
- child accommodation including homestays
- providers of recreational activities
- operators of hostels for rural children
- director of a governing body of a non-state school
- licensed care service
- religious representatives (note, you must provide details of your religious entity/group for notification purposes)

Name of entity

Contact person

Postal address

**Part C Child related activity details** continued

**For family day care carers/occupants**

Type of child related activity

- family day care carer
- family day care adult occupant

**For volunteers**

Type of child related activity

- residential facilities
- schools
- school boarding houses

**childcare**

- centre based service
- other commercial child care services
- school age care service
- churches, clubs and associations
- health counselling and support services
- private teaching, coaching and tutoring
- education programs outside of school
- child accommodation including homestays
- religious representatives
- sport and active recreation
- emergency services cadet program
- school crossing supervisors

**licensed care service**

- volunteer of a licensed care service
- volunteer working for a business providing services at a licensed care service

**For students**

Type of child related activity

- residential facilities
- schools
- school boarding houses

**childcare**

- centre based service
- other commercial child care services
- school age care service
- churches, clubs and associations
- health counselling and support services
- private teaching, coaching and tutoring
- education programs outside of school
- child accommodation including homestays
- religious representatives
- sport and active recreation
- emergency services cadet program

**Part C** continued

**licensed care service**

- student working at the licensed care service
- student working for a business providing services at a licensed care service

**PART D Card holder's/Applicant's consent**

(please read carefully before signing)

**4** I consent to the Commission for Children and Young People and Child Guardian providing the following information to the authorised person nominated on this form:

- whether I have made an application for a blue card which is currently being processed;
- whether my blue card application has been or is subsequently withdrawn;
- whether I hold a current blue card;
- whether I have been issued with a negative notice;
- whether my blue card has been or is subsequently suspended;
- relevant information about any change in my police information which the Commissioner considers relevant to my child-related employment as provided for in the *Commission for Children and Young People and Child Guardian Act 2000*;
- notification of the final outcome of any assessment or reassessment of my application.

**Note:** making a misleading statement or providing a false document may attract a penalty under the *Commission for Children and Young People and Child Guardian Act 2000*.

Full name

Signature

Date  /  /   
DAY MONTH YEAR

Please mail this completed document to:

**Employment Screening Services  
Commission for Children and Young  
People and Child Guardian  
PO Box 12671  
BRISBANE GEORGE STREET QLD 4003**

or fax to:

**(07) 3239 3810**

For further information please telephone  
the Blue Card Contact Centre on

**1800 113 611 or  
(07) 3247 5145**