



Valid for lodgement
until 30 June 2017

Volunteer to business transfer

Working with Children (Risk Management and Screening) Act 2000

This form is to be completed where a volunteer applicant/blue cardholder is proposing to operate a child-related business and needs to transfer from a volunteer 'V' card to a paid 'P' card.

Upon lodgement and processing of this form, a paid (P) card will be issued (provided there has been no change to eligibility) which can be used for any other child-related activity being provided (paid or unpaid).

To advise of a new or additional organisation at which you may be providing a child-related service, complete and lodge an 'Link an applicant/cardholder to this organisation' form. There is no fee to authorise additional organisations.

| Part A – Applicant's/cardholder's details | |
|--|---|
| <p>1 Family name <input type="text"/></p> <p>2 First name <input type="text"/></p> <p>3 Middle name <input type="text"/></p> <p>4 Date of birth <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/></p> <p style="font-size: small; margin-left: 20px;">D D M M Y Y Y Y</p> <p>5 Current postal address</p> <p><input type="text"/></p> <p><input type="text"/></p> <p style="text-align: right;"><input type="text"/> Postcode</p> | <p>6 Email</p> <p><input type="text"/></p> <p>7 Telephone <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"/><input type="text"/></p> <p>8 Mobile <input type="text"/><input type="text"/><input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/></p> <p>9 Blue card number (if known)</p> <p><input type="text"/></p> |

| Application lodgement |
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| <p>Applications may be lodged by one of the following methods:</p> <ul style="list-style-type: none"> U Scan and upload www.bluecard.qld.gov.au/uploadform M By post PO Box 12671, Brisbane George Street QLD 4003 H In person 53 Albert Street, Brisbane QLD 4000 Fax By fax 07 3035 5910 |



Part B – Category of child related activity

Information about the categories of child-related work and whether any exemptions apply is available from www.bluecard.qld.gov.au.

Please select the type of child-related activity to which the business relates:

- Assessor or auditor of a provisionally accredited, or accredited, non-state school
- Child accommodation including home stays
- Child care (including education and care)
- Licensee/nominee/executive officer/approved provider/board member (including family day care)~
Name of child care service
- Stand alone carer~
- Other (eg. nanny, babysitter, contractor entering an education and care premises)
- Commercial private teaching, coaching or tutoring
- Director of a corporation which is the governing body for a provisionally accredited, or accredited, non-state school~
Name of school
- Education programs conducted outside school (suspended or excluded students or flexible arrangements under the *Education (General Provisions) Act 2006*)
- Health, counselling and support services (including disability services)

Licensed care services (operating under the *Child Protection Act 1999*)

- Director or nominee~
- Contractor entering a licensed care facility
- Operators of hostels for rural children
- Sport and active recreation
- Religious representatives~

Please provide details of the religious entity/group you are accountable to:

Name of entity/group

Contact person

Postal address

Postcode

Telephone

~If you apply under this category, information about your blue card status may be provided to certain supervisory or governing bodies.

Part C – Applicant/cardholder's declaration

I declare that:

- the details and identification documents provided 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 a regulated business and I am not entitled to an exemption;
- I understand and will comply with my blue card obligations as a blue card applicant/cardholder; and
- I consent to confirmation on the validity of my blue card being published or provided.

Signature of applicant/cardholder

Date of signature

Part D – Declaration by prescribed person

I declare that:

- I have checked the name, date of birth and signature details provided in this form and confirm they match those on the identification documents sighted; and
- I understand that it is an offence to provide a false or misleading statement or document.

I am a:

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

Stamp and Registration No. (if applicable)

Signature of prescribed person

Name of prescribed person

Date of signature

Privacy notice

The *Working with Children (Risk Management and Screening) Act 2000* allows the collection of personal information to assess your eligibility to be issued with a blue/exemption card. Information will be provided to Queensland Police, and may be provided to police, courts, prosecuting authorities or other authorised agencies as part of the screening process. Information may also be given to:

- certain disciplinary bodies to obtain relevant disciplinary information; and/or
- your employer, any supervisory body, or other person you have authorised to discuss your application on your behalf.

Personal information will only be provided to other persons or agencies with your permission or where required by law.

For more information about the blue card system and your obligations go to www.bluecard.qld.gov.au.

Part E – Payment options

The application fee is GST exempt (under division 81), non refundable and subject to change.

An **\$84.25** fee is required. Please select one of the following payment methods:

Credit card—complete payment online at www.bluecard.qld.gov.au

Receipt number Date payment made
D D M M Y Y Y Y

To avoid delays in processing, please attach a copy of the receipt when paying by credit card and ensure all applicant details match those on this form.

Cash or EFTPOS (over the counter transaction only)


Cheque/Money order—made payable to Blue Card Services (ABN 60 789 586 626)

Postal address for receipt (must be completed if the receipt is to be sent to someone other than the applicant)


| |
|-------------------------------|
| <input type="text"/> |
| <input type="text"/> Postcode |


Email address for receipt


Blue Card Services, Department of Justice and Attorney-General

 PO Box 12671, Brisbane George Street QLD 4003

 53 Albert Street, Brisbane QLD 4000

 07 3211 6999 or 1800 113 611

 07 3035 5910

 www.bluecard.qld.gov.au