



Valid for lodgement  
until 30 June 2017

## Change of name

Working with Children (Risk Management and Screening) Act 2000

This form is to be completed by an applicant/cardholder to notify of a change to their name. This form can be lodged while an application is in progress or after a card has been issued.

### Part A – Applicant/cardholder's details

1 Family name

2 First name

3 Middle name

4 Date of birth

D D M M Y Y Y Y

5 Current postal address

Postcode

6 Email

7 Telephone

8 Mobile

9 Blue card number (if known)

### Part B – Replacement card details

**Note:** Replacement of your card is optional following a name change.

Do you require a replacement card?

- No (no payment required)
- Yes (payment required in Part F)

### Part C – Change of name details

Please provide details of your name change

1 Family name

2 First name

3 Middle name

**A certified copy of the original official document showing your change of name must accompany this form.**

If you are unable to provide an official name change document, please complete the statutory declaration titled *Statutory Declaration – if no documentary evidence of name change*, available at [www.bluecard.qld.gov.au](http://www.bluecard.qld.gov.au). This statutory declaration must be returned with this form.

#### 4 Reason for name change

- Change following marriage
- Change following divorce
- Change by certificate/deed poll
- Birth certificate amendment
- Alias
- Change the order of your name/s (e.g. known by middle name)
- Different first or middle name/s (e.g. different abbreviations)
- Adoption
- Other, please specify

#### OFFICIAL USE ONLY

Receipt number:

Date:

Initials:



## Part D – Card and notice letter details

**Only complete this section if a replacement is being sought.**

Please select appropriate box:

I am enclosing both my card and original notice letter with this form.

OR

I am enclosing my original notice letter with this form however I am no longer in possession of my card.

OR

I am enclosing my card with this form however I am no longer in possession of my original notice letter.

OR

I cannot enclose my card and original notice letter as I am no longer in possession of either.

## Part E – Applicant/cardholder's declaration

I declare that:

- the details provided in this form are true and correct; and
- I understand it is an offence to provide a false or misleading statement or document.

**Sign inside the box. Please do not touch or go outside the lines.**

Signature of applicant/cardholder

D	D	M	M	Y	Y	Y	Y

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](http://www.bluecard.qld.gov.au).

## Part F – Payment options

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

A **\$12.75** fee is required if a replacement card is sought. Please select one of the following payment methods:

**Credit card**—complete payment online at [www.bluecard.qld.gov.au](http://www.bluecard.qld.gov.au)

Receipt number  Date payment made 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	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)


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](http://www.bluecard.qld.gov.au)