



Notification of change for self-employed persons

Working with Children (Risk Management and Screening) Act 2000

This form is to be completed by an applicant or cardholder who has applied for, or holds a blue/exemption card and:

- is commencing a new child-related business; or
- is proposing to commence a new child-related activity in a self-employed capacity; or
- has had a change to their business/self-employed child-related activity

Part A – Applicant/cardholder's details

1 Family name

2 First name

3 Middle name

4 Date of birth

5 Current postal address
 Postcode

6 Telephone

7 Mobile

8 Email

9 Card number (if known)

Part B - New/changed business details

1 Existing name of business (if changing business details)

2 New/changed name of business

3 Postal address of business
 Postcode

4 Telephone

5 Email

Part C - Declaration

I declare that:

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

Signature of applicant/cardholder

Date of signature

Part D - 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 of a child care or education and care service (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.



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.

Blue Card Services, Department of Justice and Attorney-General

 Scan and upload at www.bluecard.qld.gov.au/uploadform

 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