



Cease business/self-employed child-related activity

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 has ceased 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)

Privacy Notice

The Department of Justice and Attorney-General (DJAG) is collecting your personal information under the *Working with Children (Risk Management and Screening) Act 2000*. Where relevant, DJAG will disclose personal information to organisations you work for or provide services to about whether you have a current application for, or hold a current blue/exemption card; the outcome of this application which may include its withdrawal or negative notice, or if your blue/exemption card is subsequently suspended or cancelled. DJAG publishes confirmation about whether your blue card is valid. DJAG will use and disclose your personal information to assess your application for a blue/exemption card and will disclose your personal information to courts, law enforcement agencies, disciplinary or supervisory bodies or anyone you have agreed for DJAG to discuss your application with. It may also be used to contact you with more information about your application and the Blue Card process. DJAG may use electronic communication for matters of information provision and collection of data for research purposes. DJAG manages your personal information in accordance with the *Information Privacy Act 2009*.

Part B - Business details

Record the ceased business/self-employed child-related activity details (including name of business (if relevant), child-related activity ceased, location of business/activity)

Part C - Declaration

I declare that:

- I am no longer carrying on the regulated business/self-employed child-related activity;
- I understand that if I have an application in progress that by lodging this form I am withdrawing my consent to screening and my application will be withdrawn;
- 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

Blue Card Services, Department of Justice and Attorney-General

- U 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
- Fax 07 3035 5910
- www.bluecard.qld.gov.au

