

Blue Card Services
**Working with children –
Individual advice****C***Working with Children (Risk Management and Screening) Act 2000*

This form is to be completed at the request of Blue Card Services to confirm the status of an individual's child-related activity.

1. Identified individual's details

First name

Middle name

Last name

Date of birth

2. Status of child-related activity

Please tick the appropriate box:

- ☐ I am NOT working in regulated employment, volunteering with children, or undertaking study that requires a blue card;
- ☐ I am NOT carrying on a child-related business or providing child-related services in a self-employed capacity;
- ☐ I am currently providing services to children but do not consider them to fall within the scope of the blue card system.

Please provide details below (if further space is required, please attach a separate sheet):

3. Individual's declaration

I declare that:

- the details provided in this form are true and correct;
- I understand that it is an offence to provide a false or misleading statement or document;
- I have confirmed with Blue Card Services that any child-related activities I provide are not regulated under the blue card system; and
- if my child-related activities change, I will confirm my blue card requirements before commencing.

Signature

Name

Date of signature

Privacy notice

The *Working with Children (Risk Management and Screening) Act 2000* allows the collection of information to assess the eligibility of individuals to be issued with a blue/exemption card, to provide relevant notifications to their child-related organisation and to audit and monitor compliance of individuals and organisations. Information submitted will only be used for the purpose of administering the blue card system and may be provided to other persons or agencies with consent or where required by law.

Blue Card Services, Department of Justice and Attorney-General

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🖱 www.qld.gov.au/bluecard

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