

Blue Card Services

Delink a person from your organisation

Working with Children (Risk Management and Screening) Act 2000

This form is to be completed by organisations seeking to remove a link with an applicant/cardholder.

1. Details of the person you are delinking

First name

Middle name

Last name

Date of birth

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Online account number or blue card number (if known)

2. Organisation details

Name of organisation

Organisation ID number (if known)

Postal address

Suburb

State

Postcode

Contact person's name

Contact person's position

Telephone

Email

3. Declaration of organisation representative

I declare that:

- The details provided in this form are true and correct;
- I am the organisation's authorised representative and the applicant/cardholder named in Part 1 of this form is no longer undertaking, or intending to undertake, child-related activities with my organisation; and
- I understand that it is an offence to provide a false or misleading statement or document.

Organisation representative's signature

Name

Position

Date of signature

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