

# Authorisation to confirm a valid card/application

Organisations/employers must notify the Commission if they engage a person to provide regulated child-related services or activities who holds a blue card or exemption card or who has submitted an application through another organisation/employer. This form enables the Commission to advise the nominated authorised person of the matters listed in the consent on this form. If you have applied for or hold a blue card or exemption card, and you are proposing to carry on a regulated child-related business, or to perform child-related activities in a self-employed capacity, you must complete the 'Notification of change for self-employed persons' form.

## PART A Cardholder/applicant's personal details

Family name

First name/s

Middle name/s

Date of birth

DAY MONTH YEAR

Place of birth

Current postal address



Postcode

Daytime contact no.

Card number

Card expiry date\*

\*For blue cards only. Exemption cards do not have an expiry date.

## PART B Authorised person's details

2 Name of organisation

Organisation ID number (please insert the Commission's reference number for your organisation if known)

Name of authorised person

Position

Postal address



Postcode

Telephone

Fax

Email

## Part C Child-related activity details

Please tick appropriate box  for your child related activity

Type of employment

**For paid employees (see note below)**

**Note:** If you are a volunteer blue card holder transferring to child-related paid employment, **do not** complete this form. You must complete the *Volunteer to paid employment transfer* form. This form is available on the Commission's website or by calling the Blue Card Contact Centre.

**For volunteers**

**For students**

Type of child-related activity

residential facilities

schools

school boarding houses

childcare

centre based service

other commercial child care services

school age care service

home based service

churches, clubs and associations

health counselling and support services

private teaching, coaching and tutoring

education programs outside of school

child accommodation including homestays

religious representatives

sport and active recreation

emergency services cadet program

school crossing supervisors

licensed care service

employee of a licensed care service

employee working for a business providing services at a licensed care service

**For family day care carers/occupants**

Type of child-related activity

family day carer

family day care adult occupant

**PART D Cardholder/applicant's consent**  
(please read carefully before signing)

I consent to the Commission for Children and Young People and Child Guardian providing the following information to the authorised person nominated on this form:

- whether I have made an application for a blue card or exemption card which is currently being processed;
- whether my application has been or is subsequently withdrawn;
- whether I hold a current blue card or exemption card;
- whether I have been issued with a negative notice/negative exemption notice;
- whether my card has been or is subsequently suspended;
- relevant information about any change in my police information which the Commissioner considers relevant to my child-related employment as provided for in the *Commission for Children and Young People and Child Guardian Act 2000*;
- notification of the final outcome of any assessment or reassessment of my application.

**Note:** making a misleading statement or providing a false document may attract a penalty under the *Commission for Children and Young People and Child Guardian Act 2000*.

Full name

Signature

Date   
DAY MONTH YEAR

**PART E Organisation/employer declaration**  
(to be completed by an authorised representative)

It is an offence to provide false or misleading information to the Commission.

I declare that:

- I am authorised to submit this application on behalf of the employer/organisation; and
- the card holder/applicant is proposing to start or continue in regulated employment or provide regulated services or activities; and
- an exemption does not apply; and
- I have either:
  - checked the details provided in this form and confirm they match those on the identification documents sighted;\* **OR**
  - delegated this responsibility to a prescribed person because the card holder/applicant resides more than 50km from the employer/organisation's business address or has a disability that affects his or her mobility.

**Note:** If the sighting of the documents was delegated to a prescribed person, please attach the *Identification verification by a prescribed person* form to this form.

Full Name

Signature

Position

Date   
DAY MONTH YEAR

\* The identification documents sighted should show the applicant's full name, date of birth and signature and should match the details provided on their blue card or exemption card.

**Privacy notice**

The *Commission for Children and Young People and Child Guardian Act 2000* allows the collection of personal information to assess your eligibility to be issued with a blue card or exemption card.

Information will be provided to Queensland Police, and may be provided to interstate or federal 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. Advice about your card's validity may also be provided through the Commission's online validation process.

**Please mail this completed form to:**

Surf Life Saving Queensland  
PO Box 3747  
South Brisbane Qld 4101

**Phone: 3846 8000**  
**Fax: 3846 8008**