

## Application for criminal history screening (exemption notice)

Form 10-11

**For use by a Department of Communities, Disability Services and Seniors funded non-government service provider or a National Disability Insurance Scheme (NDIS) non-government service provider on behalf of a blue card holder engaged or seeking to be engaged by the service provider. *Disability Services Act 2006 Section 59.***

For the remainder of this document, “non-government service provider” means a funded non-government service provider or an NDIS non-government service provider, as defined in the *Disability Services Act 2006*.

### WHO SHOULD COMPLETE THIS FORM?

Under the *Disability Services Act 2006*, persons who hold a blue card, issued by Blue Card Services, may apply for an exemption from obtaining a yellow card.

Any blue card holder who has an agreement (written or unwritten) with the non-government service provider to work at a place where disability services are provided to adults should apply for a yellow card exemption notice, including:

- employees
- volunteers
- people who have a contract with the non-government service provider
- members of a board, management committee or other governing body
- executive officers
- students.

The following people are not required to apply for an exemption notice:

- consumer of services (client)
- a tradesperson who is not an employee
- a volunteer relative of a consumer only providing care for their relative
- a person who is only providing disability services to children (i.e. not also to adults)
- a registered health practitioner.

### HOW TO COMPLETE THIS FORM:

- This form can only be submitted by a non-government service provider.
- **Parts A and B** must be completed by the person engaged by the non-government service provider.
- **Parts C, D, E and F** must be completed by the non-government service provider.
- Please print clearly, use BLOCK letters and indicate with a tick where required.
- Complete the checklist at the end of the form.

### PRIVACY NOTICE

The department is collecting your personal information on this form to assess your eligibility for a yellow card exemption and to assess your eligibility and suitability to provide disability services in a service outlet of a non-government service provider. This is authorised under Part 5 of the *Disability Services Act 2006*. Your personal information will be provided to Blue Card Services in order to confirm the validity of your blue card, and to determine whether further screening is required (this will be the case where a criminal history is revealed about you). In the event that further screening is required, your personal information will be provided to the Queensland Police Service in order to verify details of your criminal history and certain investigative information about you where relevant. Your personal information may also be provided to the Director of Public Prosecutions, Mental Health Court and Mental Health Review Tribunal as authorised under the *Disability Services Act 2006* for the purpose of obtaining additional information required to assess your application. Your personal information will be managed in accordance with the *Information Privacy Act 2009*.

**PART A – To be completed by the person engaged or seeking to be engaged by the non-government service provider**

**PERSONAL DETAILS**

**Have you ever applied for or held a positive notice and card under the *Disability Services Act 2006* (yellow card)?**

Yes No

**Title:** Mr Mrs Ms **Gender:**

**Family name:**

**Given name:**

**Middle name:**

(do not abbreviate)

**Have you been known by any other names?**

No Yes

If yes, please provide details below:

**Other names used:** (eg. maiden name)

Other names:

Circumstances of name change:

Proof of name change:

(e.g. maiden name, previous names, aliases. Provide proof of name change, eg. deed poll, marriage certificate)

Current Positive notice (blue card) number:

Blue card expiry date:

**Please attach a photocopy of your current blue card.**

**Do you have a blue card application/renewal in progress?** Yes No

Details:

**Home address:**

**Mailing address:** (if different from above)

**Contact number:**

Mobile:

Work:

Home

**Contact email:**

Personal:

Work:

**Date and place of birth:**

Date:

City: State:

Country:

**Proof of identity from List 1:**

Type: Exp:

Number:

State/Country of Issue:

(e.g. driver's licence, passport)

**Proof of identity from List 2:**

Type: Exp:

Number:

(e.g. medicare card)

**Please do not record credit card or debit card number and expiry details.**

**If possible, please attach a copy of your List 1 identity document to this form.**

**>>> For further guidance on which forms of identity may be used please see Part D Please tick the box which best describes your position:**

employee

volunteer

person who has a contract with the non-government service provider

member of a board, management committee or other governing body

executive officer

student.

\*Executive officer means any person who is concerned with or takes part in the management of the organisation, even if they are not called an executive officer.

**Note:** You must tell the department within 14 days if your name or contact details in this application change by completing form 10-2.

**Brief job description:**

(e.g. disability support worker, residential care worker)

**PART B – To be completed by the person engaged or seeking to be engaged by the non-government service provider**

**DECLARATION BY PERSON ENGAGED OR SEEKING TO BE ENGAGED BY THE NON-GOVERNMENT SERVICE PROVIDER**

Please read the following carefully before signing:

- I declare that the information that I have provided in this form and the identification documents shown to the non-government service provider are true and correct.
- I declare that I hold a valid positive notice issued under the blue card system by Blue Card Services and that this positive notice is not suspended or cancelled
- I consent to the department providing my personal information to Blue Card Services in order to confirm the validity of my blue card.
- I consent to Blue Card Services providing the department with information about me as to whether my blue card is valid and whether further screening is required.

- I consent to the department, where relevant and in accordance with Part 5 of the *Disability Services Act 2006*, obtaining a check of criminal history information (including charges and convictions) and certain investigative information from police, courts, prosecuting authorities and other bodies in Queensland or elsewhere in Australia, including the Director of Public Prosecutions, Mental Health Court and Mental Health Review Tribunal.
- I understand that it can be an offence under the *Disability Services Act 2006* to state anything in this form that is false or misleading.
- I understand the privacy notice in this form and I consent to the collection, use and disclosure of my personal information in the manner described in that notice.

Signature:

Date:

**PART C – To be completed by the non-government service provider**

**DETAILS OF NON-GOVERNMENT SERVICE PROVIDER**

Service provider name:

ABN:

Local contact name:

Position:

Local contact telephone:

Local contact email:

**Is this application associated with NDIS?**

**No**

**Yes**

**Reason for this application** (please tick one only)

current engagement

new engagement

change in criminal history

3 yearly criminal history check

(renewal of positive notice)

cancellation or suspension of positive notice

**PART D – To be completed by the non-government service provider**

**PROOF OF IDENTITY**

The non-government service provider is responsible for sighting the identifying information about the engaged person, and certifying that these documents have been sighted.

The identification documents which may be used are set out in the *Disability Services Regulation 2017*.

The engaged person must produce two original identification documents to confirm their identity. Together the documents must show:

- full name;
- date of birth; and
- signature.

The non-government service provider must certify in **Part E** that they have sighted documents relating to proof of the engaged person's identity. At least one of the documents sighted must show the engaged person's signature.

One primary identification document from **List 1** and

One secondary identification document from **List 2** must be sighted.

If you cannot provide an identification document from either List 1 or List 2 please contact the Criminal History Hotline on 1800 183 690.

**Note:**

- **At least one document must include a signature of the individual identified.**
- All identification documents sighted must be originals (photocopies are not acceptable).
- Where any document is in a former name, an original official document (eg. marriage certificate or change of name certificate) must be sighted.

**Please tick the relevant box for the identification you have sighted**

**List 1 – Primary Identification Documents**

Birth certificate

Current Australian driver licence containing a photograph of the engaged person

International travel document, namely:

a current passport; or

an expired passport that has expired less than 2 years before the expired passport is sighted; or

another current identity document, having the characteristics of a passport issued by a government, the United Nations or an agency of the United Nations for the purposes of international travel; or

another expired identity document, having the characteristics of a passport issued by a government, the United Nations or an agency of the United Nations for the purposes of international travel that expired less than 2 years before the expired document is sighted.

**PART D (cont'd) – To be completed by the non-government service provider**

**List 1 – Primary Identification Documents continued**

An evidence of Australian citizenship document  
Visa or entry permit under the *Migration Act 1958 (Cwth)*  
Current consular identity document containing a photograph of the engaged person  
A document the Director-General of the department considers provides sufficient identification of the engaged person  
Australian citizenship certificate or current document evidencing permanent Australian residency status.

**List 2 – Secondary Identification Documents**

Recent (the last 12 months) account or notice issued by a public authority (for example: council rate notice; electricity account statement; gas account statement, land valuation notice, telephone account statement)  
Recent (the last 12 months) document evidencing electoral enrolment  
Identification card issued by Commonwealth or a State as evidence of the engaged person's entitlement to a financial benefit (for example: Commonwealth seniors health card, health care card, medicare card, pensioner concession card and repatriation health card)  
Current account card or current credit card from a bank/building society/credit union (with name and signature)  
Passbook or account statement issued by a bank/building society/credit union dated in the last 12 months.

**PART E – To be completed by the non-government service provider**

**CERTIFICATION BY NON-GOVERNMENT SERVICE PROVIDER**

I certify that I have sighted, in accordance with the *Disability Services Act 2006*, one primary identification document and one secondary identification document proving the engaged person's identity and have checked their personal information on this form against the original documents.

**PLEASE NOTE: if this form is signed and dated by the non-government service provider before the applicant has signed and dated the form on page 3, the application is invalid and will be rejected.**

Signature:

Date:

**CHECKLIST – Please indicate that all sections of this form have been completed and the relevant documentation has been attached.**

Parts A and B have been completed by the person engaged or seeking to be engaged (required)  
Parts C, D and E have been completed by the non-government service provider (required)  
A copy of the engaged person's current blue card has been attached  
A copy of the Proof of Identity document from List 1 has been attached

**Return to:**

**Department of Communities, Disability Services and Seniors**  
PO Box 10179, BRISBANE ADELAIDE STREET QLD 4001

OR

criminalhistoryscreening@disability.qld.gov.au  
Phone: 1800 183 690 / Fax: 07 3405 6422