

Application for criminal history screening (change of details)

Form 10-2

For use by a person engaged or seeking to be engaged 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 if their name or contact details change or their engagement with that service provider ends before a decision is reached on their application for criminal history screening.

Disability Services Act 2006 Section 53.

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*.

This form must be completed by the person engaged or seeking to be engaged if they have made an application for a prescribed notice to the department and before they have been issued with a positive notice or negative notice either:

- (1) their name or contact details have changed;
OR
- (2) they are no longer engaged with the non-government service provider stated in their application for a prescribed notice.

Note: The *Disability Services Act 2006* requires the engaged person to provide written notice of the change within **14 days** after the change happens – it is an offence not to provide this notice within 14 days.

HOW TO COMPLETE THIS FORM:

- **Parts A, D and E** must be completed by the person engaged by the non-government service provider.
- **Part B and C** must be completed where relevant.
- Please print clearly, use BLOCK letters and indicate with a tick where required.

PRIVACY NOTICE

The department is collecting your personal information on this form to update your name or contact details in the event that these details change or if your engagement with a non-government service provider ends before a decision is reached on your application for criminal history screening. Your personal information may be provided to the Queensland Police Service as part of the criminal history screening process to assess your eligibility and suitability to provide disability services in a service outlet of a non-government service provider under the *Disability Services Act 2006*. 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

Full name on application for a criminal history screening (prescribed notice) and date of birth

Has your name changed since your application for a criminal history screening was lodged?

Yes No (Please tick one)

If YES – go to **Part B**

Has your home address or telephone number changed since your application for a criminal history screening was lodged?

Yes No (Please tick one)

If YES – go to **Part B**

Has your engagement with the non-government service provider changed since your application for a criminal history screening was lodged?

Yes No (Please tick one)

If YES – go to **Part C**

PART B – change to personal information

Title: Mr Mrs Ms

Gender:

Family name :

Given name:

Middle name:

(do not abbreviate)

Other names used:

Other names:

Circumstances of name change:

Proof of name change:

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

Home address:

Mailing address: (if different from above)

Contact number:

Mobile:

Work:

Home:

Contact email:

Personal:

Work:

PART C – change to engagement details

Name of new non-government service provider:

Work address:

Work telephone:

Work email:

OR

I am no longer engaged by a non-government service provider.

PART D – consent to criminal history screening

Note: You can withdraw your consent to screening at any time before a decision is made about your application for a criminal history screening (prescribed notice).

Do you consent to criminal history screening?

If you still consent to criminal history screening, tick "yes".

If you no longer consent to criminal history screening, tick "no". If you tick "no", your application for a criminal history screening will be deemed to have been withdrawn and you will not be able to work at a service outlet of a non-government service provider.

Yes

No

(Please tick one)

PART E – Declaration

- I declare that the information that I have provided in this form is true and correct.
- I understand that it can be offence under the *Disability Services Act 2006* to state anything in this form or provide material 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 the privacy notice.

Signature:

Date:

Return to:**Department of Communities, Disability Services and Seniors**

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OR

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