

Application for information from register of engaged persons

Form 10-6

For use by a non-government service provider funded by the Department of Communities, Disability Services and Seniors or a National Disability Insurance Scheme (NDIS) non-government service provider requiring information about the current status of an application for criminal history screening or any positive notice or negative notice issued. *Disability Services Act 2006 Section 138.*

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*.

Under the *Disability Services Act 2006*, the department must keep a register with up-to-date information for each engaged person for whom an application for criminal history screening (prescribed notice) is made. If a non-government service provider proposes to start engaging a person at a service outlet, the service provider may apply to the department for information contained in the register. The information includes :

- whether there is a current:
 - application for prescribed notice
 - application for exemption notice
 - positive notice
 - positive exemption notice
 - suspended positive notice
 - suspended positive exemption notice
 - negative notice
 - negative exemption notice
- the other information held by the department stated in Part C.

HOW TO COMPLETE THIS FORM

Parts A, B and D must be completed by the non-government service provider in every case.

Part C may be completed by the service provider where the service provider requires the information outlined in Part C.

PRIVACY NOTICE

The department is collecting your personal information on this form in order to provide a non-government service provider with information about the current status of your criminal history screening and whether there has been a positive or negative notice issued to you under the *Disability Services Act 2006*. The personal information you provide on this form may also be disclosed to the Queensland Police Service. Your personal information will be managed in accordance with the *Information Privacy Act 2009*.

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

Service provider name:

ABN:

Local contact name:

Address:

Position:

Local contact number:

Local contact email:

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

PERSONAL DETAILS OF PERSON ABOUT WHOM THE SERVICE PROVIDER REQUIRES INFORMATION

Title: Mr Mrs Ms

Gender:

Family name:

Given name:

Middle name:

Date and place of birth:

Date:

City:

State:

DETAILS OF ANY CURRENT PRESCRIBED NOTICE / EXEMPTION NOTICE OR APPLICATION FOR PRESCRIBED NOTICE / EXEMPTION NOTICE

(If you are aware that the person has a current prescribed notice or exemption notice or application for a prescribed notice or exemption notice, you should tick the applicable box below and provide any relevant information you are aware of)

There is a current application for a prescribed notice or exemption notice about the person

There is a current positive notice or positive exemption notice about the person

Positive notice/exemption notice number:

Expiry date:

There is a current positive notice or positive exemption notice about the person which is currently suspended

There is a current negative notice or negative exemption notice about the person

Negative notice number:

PART C – To be completed by the non-government service provider where the non-government service provider requires the information stated below

Name of non-government service provider engaging person.

If an application for a prescribed notice about the person has been withdrawn or taken to have been withdrawn, the date of withdrawal.

If the person applied for review of a decision relating to the prescribed notice, details of the review and its outcome (this information will be limited to the decision made by the Queensland Civil and Administrative Tribunal and the date of the decision – the reasons for decision will not be included)

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

DECLARATION

- I declare that the information requested in this application is required because the service provider proposes to engage the person at a service outlet.
- 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:

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