



Valid for lodgement  
until December 2016

# Volunteer to paid employment transfer

*Working with Children (Risk Management and Screening) Act 2000*

**This form is to be completed where a volunteer applicant/blue cardholder is proposing to undertake child-related activities in a paid capacity and needs to transfer from a volunteer 'V' card to a paid 'P' card.**

Upon lodgement and processing of this form, a paid (P) card will be issued (provided there has been no change to eligibility) which can be used for any other child-related activity being provided (paid or unpaid).

To advise of a new or additional organisation at which you may be providing a child-related service, complete and lodge an 'Authorisation to confirm a valid card/application' form. There is no fee to authorise additional organisations.

Part A – Applicant's/cardholder's details		Part B – Organisation details																	
1 Family name	<input type="text"/>	1 Name of organisation	<input type="text"/>																
2 First name	<input type="text"/>	2 Organisation ID number (if known)	<input type="text"/>																
3 Middle name	<input type="text"/>	3 Postal address of organisation	<input type="text"/>																
4 Date of birth	<table border="1"> <tr> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>D</td><td>D</td> <td>M</td><td>M</td> <td>Y</td><td>Y</td> <td>Y</td><td>Y</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	D	D	M	M	Y	Y	Y	Y	Postcode	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>												
D	D	M	M	Y	Y	Y	Y												
5 Current postal address	<input type="text"/>	4 Contact person's name	<input type="text"/>																
6 Email	<input type="text"/>	5 Contact person's position	<input type="text"/>																
7 Telephone	<table border="1"> <tr> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	6 Telephone	<table border="1"> <tr> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>												
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>												
8 Mobile	<table border="1"> <tr> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	7 Email	<input type="text"/>								
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>												
9 Blue card number (if known)	<input type="text"/>	<b>Part C – Category of child-related activity (to be completed by the organisation)</b>																	
<p><i>Information about categories of child-related employment and whether any exemptions apply is available from <a href="http://www.bluecard.qld.gov.au">www.bluecard.qld.gov.au</a>.</i></p> <p>Please select the type of child-related activity to which the employment relates:</p> <p><input type="checkbox"/> Child accommodation services including home stays</p> <p><input type="checkbox"/> Child care (including education and care)</p> <p><input type="checkbox"/> Churches, clubs and associations</p> <p><input type="checkbox"/> Education programs conducted outside school (suspended or excluded students or flexible arrangements under the <i>Education (General Provisions) Act 2006</i>)</p> <p><input type="checkbox"/> Emergency Services Cadet Program</p>		<p><input type="checkbox"/> Health, counselling and support services (including disability services)</p> <p><input type="checkbox"/> Licensed care services</p> <p><input type="checkbox"/> Local Government</p> <p><input type="checkbox"/> Paid private teaching, coaching or tutoring</p> <p><input type="checkbox"/> Religious representatives</p> <p><input type="checkbox"/> Residential facilities</p> <p><input type="checkbox"/> School boarding houses</p> <p><input type="checkbox"/> School crossing supervisors</p> <p><input type="checkbox"/> Schools (other than registered teachers and parents)</p> <p><input type="checkbox"/> Sport and active recreation</p>																	

**OFFICIAL USE ONLY**

Receipt number:  Date:        Initials:



## Part D – Applicant/cardholder's declaration

I declare that:

- the details and identification documents provided are true and correct;
- I understand it is an offence to provide a false or misleading statement or document;
- I am proposing to start or continue in regulated employment and I am not entitled to an exemption;
- I understand my organisation will be advised whether or not I have a current application for, or hold a current blue/exemption card; the outcome of this application which may include whether my application is withdrawn, or a negative notice issued, or if my blue/exemption card is subsequently suspended or cancelled;
- I understand and will comply with my blue card obligations as a blue card applicant/cardholder; and
- I consent to confirmation on the validity of my blue card being published or provided.

Signature of applicant/cardholder

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

Date of signature

## Part E – Organisation's declaration

I declare that:

- I understand it is an offence to provide a false or misleading statement or document;
- I am authorised to submit this form on behalf of the organisation;
- the blue card holder/applicant is proposing to start or continue in regulated employment and an exemption does not apply; and
- I have either checked the name, date of birth and signature details provided in this form and confirmed they match those on the identification documents sighted; or delegated this responsibility to a prescribed person and have attached the '*Identification verification by a prescribed person*' form.

Signature of representative

Name of representative

Position of representative

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

Date of signature

## Privacy notice

The *Working with Children (Risk Management and Screening) Act 2000* allows the collection of personal information to assess your eligibility to be issued with a blue/exemption card. Information will be provided to Queensland Police, and may be provided to 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.

For more information about the blue card system and your obligations go to [www.bluecard.qld.gov.au](http://www.bluecard.qld.gov.au).

**Part F – Payment options – The application fee is GST exempt (under division 81), non-refundable and subject to change.**

Please select one of the following payment methods:

- Cash or EFTPOS (*over the counter transaction only*)  
 Cheque/Money order—made payable to Blue Card Services (ABN 60 789 586 626)  
 Credit card (*complete details below*)

Please charge **\$84.25** to:  Mastercard  Visa

Number  Expiry date  /   
M M Y Y

Name of credit cardholder

Credit cardholder's signature

Applicant's name (*if not credit cardholder*)

**Receipt details:** Postal address for receipt (*must be completed if the receipt is to be sent to someone other than the applicant*)

 Postcode

Blue Card Services, Public Safety Business Agency

PO Box 12671, Brisbane George Street QLD 4003

53 Albert Street, Brisbane QLD 4000

07 3211 6999 or 1800 113 611

Fax 07 3035 5910

www.bluecard.qld.gov.au