

Application for criminal history screening — prescribed notice (yellow card)

Form 10-1

For use by a disability services funded non-government service provider or a National Disability Insurance Scheme (NDIS) non-government service provider on behalf of a person engaged or seeking to be engaged by the service provider. *Disability Services Act 2006 Section 52.*

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*, persons engaged by a non-government service provider at a place where disability services are provided to adults must undergo criminal history screening every three years.

Who needs criminal history screening?

Any person who has an agreement (written or unwritten) with the non-government service provider to work at a place where disability services are provided must apply for a prescribed 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 are not required to apply for a prescribed notice:

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

NB: If you are providing disability services only to children (aged 0–18years), you must apply for a blue card issued by Blue Card Services.

Volunteer to paid employment transfer

Under section 94 of the *Disability Services Act 2006*, a volunteer whose status changes to paid employment must give notice within 14 days of the change of status using this form. In certain circumstances, the department will undertake the criminal history screening process again for the employee when this change occurs. The yellow card will then be re-issued, valid for a further three years.

How to complete this form:

- This form can only be submitted by a non-government service provider.
- It is an offence under the *Disability Services Act 2006* for a disqualified person to sign this form to apply for a prescribed notice.
- **Parts A and B** must be completed by the person engaged by the non-government service provider.
- **Parts C, D, and E** 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.
- **Part F** must be completed if the application is for a paid employee.

DO NOT COMPLETE THIS FORM IF YOU HOLD A CURRENT BLUE CARD ISSUED BY BLUE CARD SERVICES THAT IS VALID FOR 3 MONTHS OR MORE.

If your current blue card is valid for 3 months or more, please complete Form 10-11 Application for criminal history screening (exemption notice).

Service delivery to children

Persons engaged by a non-government service provider to provide disability services to children are subject to screening under the blue card system, administered by Blue Card Services. These persons should not complete this form.

Use the appropriate (volunteer or paid employee) blue card application form where the person will only be providing services to children or the *Blue card application and request for yellow card exemption* form where the person will be providing services to both children and adults in a disability service outlet of a non-government service provider.

PRIVACY NOTICE

The department is collecting your personal information on this form in order to assess your eligibility and suitability to provide disability services in a service outlet of a non-government service provider as authorised under the *Disability Services Act 2006*. Your personal information will be provided to the Queensland Police Service for the purpose of obtaining criminal history and certain investigative information. 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 purposes 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

DO NOT COMPLETE THIS FORM IF YOU HOLD A CURRENT BLUE CARD ISSUED BY BLUE CARD SERVICES THAT IS VALID FOR 3 MONTHS OR MORE.

If your current blue card is valid for 3 months or more, please complete Form 10-11 Application for criminal history screening (exemption notice).

Do you hold a current, valid blue card issued by Blue Card Services?

No Yes

Details:

Blue card number:

Blue card expiry date:

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)

PART A (cont'd) – To be completed by the person engaged or seeking to be engaged by the non-government service provider

Home address:

Mailing address: (if different from above)

Contact number:

Mobile (mandatory):

Work:

Home (mandatory):

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 consent to the department, 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 is an offence under the *Disability Services Act 2006* for a disqualified person to sign this form to apply for a prescribed notice and I declare that I am not a disqualified person.
- 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:

PLEASE NOTE: please ensure all sections of this form have been completed in full and that the relevant documentation is attached.

Missing or incomplete details may cause processing delays or rejection of the application.

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

Details of the 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 or new engagement

change in criminal history

3 yearly criminal history check

cancellation or suspension of positive notice

volunteer to paid employment transfer

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

Disqualified persons warning

The non-government service provider is responsible for warning the engaged person that it is an offence for a disqualified person to sign an application for a prescribed notice or to apply for, start or continue in engagement regulated by the *Disability Services Act 2006*.

Further information about disqualified persons is available on the department's website.

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.

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.

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

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 the 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.

I declare that I have warned the engaged person that it is an offence for a disqualified person to sign an application for a prescribed notice or to apply for, start or continue in engagement regulated by the *Disability Services Act 2006*.

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 4, 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)

Part F has been completed for a paid employee

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

PART F – This section must be completed if this application is for a paid employee.

Payment details

This application is not considered lodged unless it is accompanied by the prescribed fee. This section must be completed unless this application is made on behalf of a volunteer. Please note that the application fee is non-refundable and subject to change.

An **\$92.20** fee is required for paid employees.

Please select one of the following payment methods:

Cheque

Money Order

Cheque/Money Order payable to:

Department of Communities, Disability Services and Seniors
ABN 25 791 185 155

Credit card – complete payment online at <https://www.bpoint.com.au/pay/communities>

Please complete the following details:

Receipt number

Date payment made

To avoid delays in processing, please **attach** a copy of the receipt when paying by credit card and ensure all applicant details entered online match those recorded on this form.

Who is the payment receipt to be made out to?

Where is the receipt to be sent (email/post)?