

Request to Withdraw Disability Worker Screening Application

For use by an applicant who wishes to apply to withdraw their application which is currently in progress.

Important notice: If your application is withdrawn, your application fee will not be refunded to you.

Who can complete this form?

Applicants who have any of the following disability worker screening application types in progress can use this form if they wish to apply for it to be withdrawn:

- NDIS worker screening application (including a person who has combined their application with a working with children check application)
- Queensland disability worker screening application (including a person who has combined their application with a working with children check application)
- Yellow card application
- Yellow card exemption application.

If you have lodged a combined disability worker screening and working with children check application, and would like to withdraw your working with children check application only, please contact Blue Card Services directly to notify them.

How to complete this form?

- This form can only be completed by an applicant who wishes to request withdrawal of their application
- Please print clearly, use BLOCK letters and indicate with a tick where required
- Delays in processing your application will occur if you do not complete the application correctly.

All sections marked with ▲ **MUST be completed or your application can not be processed.**

How will you use my information?

Your information will be used in accordance with the Disability Worker Screening Privacy Notice and Information Management Policy.

What happens next?

Any request to withdraw a disability worker screening application will be considered by the Department of Justice and Attorney-General. You will be notified of the outcome in writing.

If you have a combined disability worker screening and working with children check application, and you indicate below that you wish to withdraw both applications, Blue card Services will be notified to process the working with children check component of your request.

Identity and personal information

▲ Legal name (as it appears on your application form):

| | | | |
|------------------------------|----------------------|----------------------|--------------------------|
| Title | First name | Middle name | Last name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| No middle name (please tick) | | | <input type="checkbox"/> |

▲ Date of birth:

Mobile number:

▲ Daytime phone number:

TMR registered email address:

▲ Residential address:

Town/ Suburb

State

Postcode

My residential address is the same as my postal address.

Postal address (if different from residential address):

Town/ Suburb

State

Postcode

Please provide your disability worker screening application number (if known):

Withdrawal request

Disability worker screening application

This section relates to applicants who have an application for a disability worker screening application in progress.

I would like to request withdrawal of my disability worker screening application

Combined disability worker screening and working with children check application

This section relates to applicants who have applied for a combined disability worker screening and working with children check application. Please only select one of the options below.

I would like to request withdrawal of my disability worker screening application only

I would like to request withdrawal of both my disability worker screening application and working with children check application

▲ Declarations

I have read and understand the contents of this form

I understand that my application for a disability worker screening check may be withdrawn and no refund will be provided

Signature

Date of signature

Next steps

Please return your completed form by one of the following methods:


By post: Disability Worker Screening Unit
Department of Justice and Attorney-General
PO Box 10179, Brisbane Adelaide Street QLD 4001


Scan and email: contactus@workerscreening.qld.gov.au

***Note this form will not be accepted directly by Blue Card Services and must be returned as per details above.**

Department of Justice and Attorney-General

 PO Box 10179, Brisbane Adelaide Street QLD 4001

 contactus@workerscreening.qld.gov.au

 1800 183 690