



# Queensland Disability Worker Screening Renewal Application

For use by workers who need to renew their Queensland disability worker screening clearance to do state-funded disability work.  
**This form is NOT to be used by workers to renew their NDIS worker screening clearance.**

## Who can complete this form?

Workers who hold a Queensland disability worker screening clearance can submit a renewal application up to 90 days before the clearance expires. Renewal applications received earlier than this will not be accepted. If your clearance has already expired, you need to submit a 'Disability Worker Screening Application' form. Workers who hold an NDIS worker screening clearance can use this for state-based work.

If you have an email address and online access the quickest and easiest way to make your application is through our online application available at [workerscreening.qld.gov.au](http://workerscreening.qld.gov.au).

## Can I work while my renewal application is processed?

**IMPORTANT INFORMATION:** You must have a valid renewal application submitted to continue working after expiry of your existing clearance. Once your application is submitted, it is not valid until it has been entered into our system by our staff, payment has been made and your employer has verified the application.

## How to complete this form?

- This form can only be completed by a worker who needs to renew their Queensland disability worker screening clearance
- Please print clearly, use BLOCK letters and indicate with a tick where required
- To help you complete the form refer to the attached 'Help Guide'
- Questions marked with an exclamation mark (!) have relevant information in the help guide on pages 10–11
- 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 (see page 12) and Information Management Policy.

## ▲ Eligibility requirements

The following questions relate to your eligibility to submit an application.

### Do you hold a current NDIS worker screening exclusion issued by another state or territory?

☐ Yes ☐ No *If you answer 'Yes' to this question you are not eligible to proceed with the application.*

### Are you living in Queensland OR are you carrying out disability work in Queensland?

☐ Yes ☐ No *If you answer 'No' to this question you are not eligible to proceed with the application.*

State disability work is work that includes providing disability services that is carried out for the department or a funded service provider. This includes volunteers and sole traders.

### Are you engaged by a provider to carry out state disability work, or is a provider intending to engage you for this work?

☐ Yes ☐ No *If you answer 'No' to this question you are not eligible to proceed with the application.*

☐ I declare that the information provided here is correct and I understand that it is an offence to make a false or misleading statement.

Signature

Date of signature

## Identity and personal information

We are partnering with the Department of Transport and Main Roads (TMR) to deliver identity checks. You need a TMR Customer Reference Number (CRN) to apply for a disability worker screening clearance card. It's the number on your driver licence, photo identification card or adult proof of age card.

### ▲ Please select a Queensland Transport and Main Roads (TMR) product.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Drivers licence         | <input type="checkbox"/> Photo Identification | <input type="checkbox"/> Marine Licence indicator  |
| <input type="checkbox"/> Adult Proof of Age Card | <input type="checkbox"/> Industry Authority   | <input type="checkbox"/> New Customer Notification |

▲ TMR Customer Reference Number:

Your TMR Customer Reference Number is located on the top right of your TMR product (eg Drivers Licence, Adult Proof of Age Card, Photo Identification Card). TMR will issue you a unique CRN for all products that you may hold with TMR.

### ▲ Legal name (as it appears on your current TMR product):

Title	First name	Middle name	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

First name contains alphanumeric characters only. No middle name (please tick) ☐

### ▲ Have you been known by any other names?

☐ Yes ☐ No *If yes, please provide details below.*

You must provide all other names you are currently known by or have previously been known by including first names, middle names and last names. It does not matter how long ago you used the name or for how long the name was used. For example: birth name, name before marriage, married name, alias, change by certificate, adoption, changed order of name, name used on legal document.

#### Other name A:

Other name type: ☐ Alias ☐ Cultural name ☐ Preferred name ☐ Previous name:

Title	First name	Middle name	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

No middle name (please tick) ☐

#### Other name B:

Other name type: ☐ Alias ☐ Cultural name ☐ Preferred name ☐ Previous name:

Title	First name	Middle name	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

No middle name (please tick) ☐

☐ If you have additional names and require more space, please tick this box and attach a separate list to this form.

▲ Gender: ☐ Female ☐ Male ☐ Indeterminate ☐ Intersex ☐ Unspecified ☐ Non-Binary

▲ Date of birth (as shown on TMR product):  *Date of birth cannot be under 10 years of age.*

▲ TMR registered email address:

Mobile number:  ▲ Daytime phone number:

▲ **Country of Birth<sup>1</sup>** (See help guide on page 10 for approved list):

▲ **State or Province of Birth:**

▲ **Place of Birth (Town or City):**

▲ **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

While your application is in progress, you are required to notify Disability Worker Screening within 7 days of any changes to your personal details. If you are a clearance holder, you must notify Disability Worker Screening within 14 days of the change. This must be done by completing the relevant form or online in your worker portal. Failure to comply with this obligation may constitute an offence under the *Disability Services Act 2006*, and penalties will apply.

## Voluntary personal information

Answering the following questions is voluntary. Answers provided will not be used in considering your application for a disability worker screening check. Please refer to the attached 'Privacy Notice' for further detail on how your information is used.

**Are you of Aboriginal or Torres Strait Islander origins?**

☐ No ☐ Yes – Aboriginal ☐ Yes – Torres Strait Islander ☐ Yes – both

**And/or do you identify as South Sea Islander?** ☐ Yes ☐ No

**Are you from a culturally or linguistically diverse background?** ☐ Yes ☐ No **Preferred language/s:**

**Do you have a disability?** ☐ Yes ☐ No

Disability in relation to a person means:

- total or partial loss of the person's bodily or mental functions; or
- total or partial loss of a part of the body; or
- the presence in the body of organisms causing disease or illness; or
- the presence in the body of organisms capable of causing disease or illness; or
- the malfunction, malformation or disfigurement of a part of the person's body; or
- a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; or
- a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment or that results in disturbed behaviour;
- and includes a disability that:
  - presently exists; or
  - previously existed but no longer exists; or
  - may exist in the future (including because of a genetic predisposition to that disability); or
  - is imputed to a person.

**What is the highest level of qualification you have attained?<sup>1</sup>** (See help guide on page 10 for approved list)

**Name of qualification:**

**Field of study:**

**Institution:**

**Date completed:**

☐ If you have additional qualifications and require more space, please tick this box and attach a separate list to this form.

## ▲ Purpose and role

Please indicate the primary purpose you will be using your disability worker screening clearance for:

☐ Paid employee    ☐ Sole trader    ☐ Volunteer

If 'Paid Employee' selected, please select the primary category of your employment:

☐ Contractor    ☐ Employee    ☐ Member of a Board    ☐ Management Committee of other governing body  
☐ Executive officer    ☐ Student (University or TAFE)    ☐ Other

If 'Other' selected, please provide a brief description of your employment:

Please select the primary area of service delivery you will be using your disability worker screening clearance for<sup>1</sup>:

See help guide on page 11 for definitions.

☐ Accommodation Support Services    ☐ Community Access    ☐ Research Training or Development Services  
☐ Respite Services    ☐ Advocacy or Information Services    ☐ Another service prescribed by regulation  
☐ Community Support Service

If 'Another service prescribed by regulation' selected, please provide a brief description of the role:

## ▲ Past checks

Have you previously held a yellow card or yellow card exemption in Queensland issued before 1 February 2021?

☐ No    ☐ Yes – If yes, please provide the following if known:

**Yellow Card/ Yellow Card Exemption notice number:**

You can locate the notice number on the front of the card.

Have you previously been issued with a blue card or exemption card for the purpose of working with children?

☐ No    ☐ Yes – If yes, please provide the following if known:

**Blue card/ Exemption card number:**

You can locate the notice number on the front of the card.

## ▲ Disclosable information

**Are you currently suspended, or have you ever been refused, barred, excluded or disqualified following an application for an NDIS worker screening check, working with children check, working with vulnerable people registration and/or working with people with a disability check (or equivalent) in any state or territory in Australia?**

☐ No ☐ Yes – If yes, please provide the following if known:

**State refusal was issued:**

**Brief description of the type of screening process:** (eg working with children check)

This question is about any worker check you have had in Australia related to vulnerable persons (children, people with disability, elderly) which has resulted in you currently being suspended from doing this type of work or being issued with an unsuccessful outcome.

**Have you ever been charged or convicted or found guilty of a criminal offence in Australia?**

☐ No ☐ Yes - If yes, please provide the following:

**Brief summary of your criminal history. Where appropriate please include details of the location and nature of the charge/conviction, relevant dates and outcomes of any proceedings:**

This question is about whether you have a criminal history in Australia. This includes convictions or charges that occurred before or after the commencement of the *Disability Services Act 2006*. A conviction means a finding of guilt or the acceptance of a plea of guilty by a court whether or not a conviction is recorded.

**Have you ever been convicted or found guilty of any of the below, or equivalent, offences in a country other than Australia:**

- murder, attempted murder, or manslaughter
- serious or aggravated assault
- rape, bestiality, sexual assault, or incest
- aggravated robbery
- child pornography offences
- abduction, kidnapping, human trafficking, or slavery
- drug trafficking and drug dealing
- neglect or ill-treatment of a child or vulnerable person
- fraud, deception, or forgery involving a child or vulnerable person
- treason/treachery, terrorism, genocide, mutiny, or espionage
- animal cruelty causing an animal serious injury, harm, or death

☐ No ☐ Yes - If yes, please provide the following:

**Brief summary of your international criminal history. Where appropriate please include details of the location and nature of the charge/conviction, relevant dates and outcomes of any proceedings:**

This question is about whether you have been found guilty of any of the specified offences, or similar offences, outside of Australia

**Have you ever been a respondent to a domestic violence order in Queensland?**

☐ No ☐ Yes – If yes, please provide the following:

**Brief summary of the orders. Where appropriate please include details of relevant dates:**

This question is about protection orders, including temporary protection orders, issued against you in Queensland under the *Domestic and Family Violence Protection Act 2012*.

**Have you ever been subject of an investigation by any government agency anywhere in Australia that involved allegations of abuse or neglect of a child in your care that resulted in restrictions regarding your contact with that child or other children (including the removal of a child/children)?**

☐ No ☐ Yes – If yes, please provide the following:

**Brief summary of the orders. Where appropriate please include details of relevant dates:**

**Have you ever had any workplace misconduct findings against you, or are you subject to a current investigation, in relation to:**

- violent behaviour or assault
- indecent or sexual behaviour or misconduct
- fraud, deception or theft
- failing to provide care for a vulnerable person such as a child, elderly person or person with disability

☐ No ☐ Yes – If yes, please provide the following:

**Brief summary of the findings. Where appropriate please include details of the nature of the findings, relevant dates and outcomes.**

## ▲ Nominated entities for engagement verification

The following questions relate to entities you are engaged with or proposing to be engaged with to provide state-funded disability work. You must add ALL employers, and sole traders you are engaged with or proposing to be engaged with. We will ask them to verify your engagement with them.

Please ask your entities for their ID number issued to them for the purpose of accessing the Queensland Employer portal (for state-funded disability work).

For sole traders, please refer to our fact sheet 'Information for sole traders'. You will need to register for access to the Queensland Employer Portal (for state-funded disability work) before you complete these questions. Once you have registered, you can specify your ID number below.

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### Entity A

Entity type: ☐ Employer ☐ Sole trader

Entity ID:

Entity Name:

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### Entity B

Entity type: ☐ Employer ☐ Sole trader

Entity ID:

Entity Name:

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In your role with any of these entities, will you be working with children? ☐ No ☐ Yes

☐ If you have additional entities and require more space, please tick this box and attach a separate list to this form.

## ▲ Declarations

All check boxes in this section must be completed to proceed with your Queensland disability worker screening application.

I declare that:

- ☐ I am the applicant named in this form and I have provided all other names or aliases that I use or have used in the past.
- ☐ The information provided by me for this application is true and correct and I understand it is an offence to provide false or misleading information.

Please read the following information carefully before indicating your consent and understanding:

- I consent to being screened under Part 5 of the *Disability Services Act 2006*.
- I consent to the conduct of a Nationally Co-ordinated Criminal History Check including convictions, findings of guilt, pending charges, spent convictions, and non-conviction outcomes in accordance with the requirements each jurisdiction has in place with the Australian Criminal Intelligence Commission (ACIC).
- I consent to ongoing monitoring in Queensland of any relevant criminal history information (including pending charges) from the time I lodge my application and if cleared, continuing while I hold a clearance.
- I consent to enquiries being made to determine my eligibility to hold a Queensland Disability Worker Screening clearance from any source considered necessary by the department, including but not limited to, police services, courts and tribunals, prosecuting authorities, worker screening units, health professionals and government agencies (including Commonwealth and state/territory).
- I understand I cannot withdraw my consent (Applicants may make a request, in writing, for their application to be withdrawn or for their clearance to be cancelled).
- I agree to Disability Worker Screening collecting additional demographic information relating to me. I understand that Disability Worker Screening will handle the information in accordance with the *Information Privacy Act 2009*, including to use the information for its policy development, research and statistical reporting purposes.
- I understand that my personal details will be shared with Blue Card Services which administers the Working with Children Check.
- I consent for a photograph held by TMR to be used to produce the clearance card.

- ☐ I have read and understand the contents of this form and make all of the above declarations
- ☐ I understand and will comply with my obligations including that I must notify the department if I change my name, contact details, or there is a change in my employment.
- ☐ I understand and will comply with my obligation to notify the department immediately if my police information changes.
- ☐ I have read and understood the attached privacy notice.

Signature

Date of signature



## ▲ Payment details

Employees and sole traders undertaking paid work must complete this section. There is no charge for volunteers.  
Please note that **the application fee is non-refundable** and subject to change.

Fee for Queensland disability worker screening application (for paid work): .....\$107.00

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.

**Please select one of the following payment methods:**

☐ **Bank cheque/Money order**  
Payable to Department of Justice, ABN 13-846-673-994

**Who is the payment receipt to be made out to?**

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

☐ **Credit card**  
Complete payment online at [www.bpoint.com.au/pay/communities](http://www.bpoint.com.au/pay/communities)

**Receipt number:**

**Date payment made:**

## Next steps

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

**By post:** Disability Worker Screening  
Department of Justice  
PO Box 10179, Brisbane Adelaide Street QLD 4001

**Scan and email:** [contactus@workerscreening.qld.gov.au](mailto:contactus@workerscreening.qld.gov.au)

## Recognised Countries of Birth - Approved List

Please enter one response on the form from the list below:

Australia	Republic	Ghana	Liberia	Palestine, State of	Sudan
Afghanistan	Chad	Gibraltar	Libya	Panama	Suriname
Aland Islands	Chile	Greece	Liechtenstein	Papua New Guinea	Svalbard and Jan Mayen
Albania	China	Greenland	Lithuania	Paraguay	Sweden
Algeria	Christmas Island	Grenada	Luxembourg	Peru	Switzerland
American Samoa	Cocos (Keeling) Islands	Guadeloupe	Macao	Philippines	Syrian Arab Republic
Andorra	Colombia	Guam	Madagascar	Pitcairn	Taiwan, Province of China
Angola	Comoros	Guatemala	Malawi	Poland	Tajikistan
Anguilla	Congo	Guernsey	Malaysia	Portugal	Tanzania, United Republic of
Antarctica	Congo, the Democratic Republic	Guinea	Maldives	Puerto Rico	Thailand
Antigua and Barbuda	Cook Islands	Guinea-Bissau	Mali	Qatar	Timor-Leste
Argentina	Costa Rica	Guyana	Malta	Reunion	Togo
Armenia	Cote d'Ivoire	Haiti	Marshall Islands	Romania	Tokelau
Aruba	Croatia	Heard Isd and McDonald Isds	Martinique	Russian Federation	Tonga
Austria	Cuba	Holy See (Vatican City State)	Mauritania	Rwanda	Trinidad and Tobago
Azerbaijan	Curacao	Honduras	Mauritius	S Georgia and S Sandwich Isds	Tunisia
Bahamas	Cyprus	Hong Kong	Mayotte	Saint Barthelemy	Turkey
Bahrain	Czechia	Hungary	Mexico	Saint Helena, Asn and TdC	Turkmenistan
Bangladesh	Denmark	Iceland	Micronesia, Federated States	Saint Kitts and Nevis	Turks and Caicos Islands
Barbados	Djibouti	India	Moldova, Republic of	Saint Lucia	Tuvalu
Belarus	Dominica	Indonesia	Monaco	Saint Martin	Uganda
Belgium	Dominican Republic	Iran, Islamic Republic of	Mongolia	Saint Pierre and Miquelon	Ukraine
Belize	Ecuador	Iraq	Montenegro	Samoa	United Arab Emirates
Benin	Egypt	Ireland	Montserrat	San Marino	United Kingdom
Bermuda	El Salvador	Isle of Man	Morocco	Sao Tome and Principe	United States
Bhutan	Equatorial Guinea	Israel	Mozambique	Saudi Arabia	Uruguay
Bolivia, Plurinational State	Eritrea	Italy	Myanmar	Senegal	US Minor Outlying Islands
Bonaire, Sint Eustatius and Sb	Estonia	Jamaica	Namibia	Serbia	Uzbekistan
Bosnia and Herzegovina	Eswatini	Japan	Nauru	Seychelles	Vanuatu
Botswana	Ethiopia	Jersey	Nepal	Sierra Leone	Venezuela, Bolivarian Rep of
Bouvet Island	Falkland Islands (Malvinas)	Jordan	Netherlands	Singapore	Viet Nam
Brazil	Faroe Islands	Kazakhstan	New Caledonia	Sint Maarten (Dutch part)	Virgin Islands, British
British Indian Ocean Territory	Fiji	Kenya	New Zealand	Slovakia	Virgin Islands, U.S.
Brunei Darussalam	Finland	Kiribati	Nicaragua	Slovenia	Wallis and Futuna
Bulgaria	France	Korea, North (DPRK)	Niger	Solomon Islands	Western Sahara
Burkina Faso	French Guiana	Korea, South (Republic of)	Nigeria	Somalia	Yemen
Burundi	French Polynesia	Kuwait	Niue	South Africa	Zambia
Cape Verde	French Southern Territories	Kyrgyzstan	Norfolk Island	South Sudan	Zimbabwe
Cambodia	Gabon	Lao People's Democratic Rep	North Macedonia	Spain	
Cameroon	Gambia	Latvia	Northern Mariana Islands	Sri Lanka	
Canada	Georgia	Lebanon	Norway	St Vincent and the Grenadines	
Cayman Islands	Germany	Lesotho	Oman		
Central African			Pakistan		
			Palau		

## Qualification Level - Approved List

Please enter one response on the form from the list below:

Advanced certificate	Bachelor honours degree	Diploma	Masters degree
Advanced diploma	Certificate	Doctoral degree	Vocational graduate cert
Associate degree	Certificate II	Graduate certificate	Vocational graduate diploma
Associate Diploma	Certificate III	Graduate diploma	
Bachelor degree	Certificate IV	Higher doctoral degree	

### Areas of Service Delivery - Definitions

<b>Accommodation Support Services</b>	Services that provide accommodation to people with a disability, and services that provide support needed to enable a person with a disability to remain in their existing accommodation, or to move to more suitable or appropriate accommodation.
<b>Respite Services</b>	A short-term and time-limited break for families and other voluntary care givers of people with disabilities, to assist in supporting and maintaining the primary care giving relationship, while providing a positive experience for the person with disability.
<b>Community Support Service</b>	Services that provide the support (other than the basic needs of living) needed for a person with disability to live in a non-institutional setting in their community of choice. Support with the basic needs of living such as meal preparation, dressing, transferring, etc., are included under Accommodation Support.
<b>Community Access</b>	Services designed to give people with disability opportunities to enjoy their full potential for social independence by leaving their home and participating in community life. It may also include skill development activities to help the adult improve their quality of life.
<b>Advocacy or Information Services</b>	<p>Advocacy services are designed to enable people with disability to increase the control they have over their lives by representing their interests and views in the community. For example:</p> <ul style="list-style-type: none"><li>• self-advocacy/individual advocacy</li><li>• citizen advocacy</li><li>• group advocacy</li><li>• system/systematic advocacy</li></ul> <p>Information services provide accessible information to people with disabilities, their carers, families and related professionals. These services provide information about disability-specific and generic services and equipment, and promote the development of community awareness. Services can include contact by phone, print or e-mail that recommends a person to another service.</p>
<b>Research Training or Development Services</b>	Within the disability sector, research and data are built upon partnerships and collaborations, inclusion of disability issues in mainstream research funding and activities. It includes effective participation of people with disability and the provision of accessible research and data that is applied in practice.

## Privacy notice

The Department of Justice (the department) is collecting, using and disclosing your personal information under the *Disability Services Act 2006* (Qld) (the Act). The department also manages personal information in accordance with the *Information Privacy Act 2009* (Qld) (IP Act).

Your lodgement of a Disability Worker Screening application will involve the collection of your personal information. Your personal information is collected for the following purposes:

- to verify your identity, verification of you as a user and for security purposes
- to contact you in relation to your application for a clearance;
- process your application and determine your eligibility to hold a clearance;
- produce and issue your clearance card;
- monitor your ongoing eligibility to hold a clearance; and
- administering the disability worker screening system and meeting your obligations under the Act.

Your personal information (including the current status of your application or clearance) may also be disclosed to:

- prescribed entities, notifiable persons, potential employers and other government agencies;
- police for the purpose of obtaining police information in accordance with the Act;
- courts, and regulatory, governing, disciplinary or supervisory bodies, other Australian agencies responsible for screening individuals who work or provide services, or propose to do so, for people with disability, children or vulnerable people, including Blue Card Services;
- NDIS Quality and Safeguards Commission;
- universities, other training institutes, recruitment agencies, placement companies and online matching services for the purpose of endorsing your clearance;
- TMR to verify identity and arrange for production of the physical clearance card;
- third parties which produce the physical clearance card; and
- the Department's Information and Communication Technology service providers for the purpose of system support and development.

The department and Blue Card Services collect and share personal and sensitive information for the purposes of the operation of the disability worker screening and the blue card systems. For example, the department may share your personal information with Blue Card Services under the Act and the *Working with Children (Risk Management and Screening) Act 2000* to:

- establish a match with your Blue Card record;
- obtain information from Blue Card Services in relation to the working with children eligibility assessment undertaken by Blue Card Services, including the assessment outcome and your ongoing eligibility to hold a Working with Children authority (blue or exemption card);
- notify Blue Card Services of the outcome of your Disability Worker Screening application and your ongoing eligibility to hold a disability worker screening clearance;
- send and receive information or documents relevant to the assessment of your eligibility to hold a disability worker clearance or a blue/exemption card.

The department will not disclose personal information to other third parties except in accordance with the Act and the IP Act or as authorised or required by law.

Your personal information may be transferred overseas in the following circumstances:

- where a user accesses the department's online services system whilst overseas (if applicable);
- where a service provider who provides support services for the system has servers located overseas (if applicable); and
- for the purpose of production of the physical card.

If you access the department's online services system from outside Australia, you will be transferring your personal information overseas, at least to the device you use at the time you are accessing the online services.

By lodging an application for the purpose of Disability Worker Screening, you are consenting to your personal information being disclosed to the usual parties to whom the department discloses personal information under the Act, as amended.

Your information may also be disclosed with your consent or as otherwise authorised or required by law.


**Human Rights** Section 58 of the *Human Rights Act 2019* (Qld) requires public entities to act compatibly with human rights. The Department will give proper consideration to relevant human rights in its decision making.

Please read the department's Disability Worker Screening Information Management Policy located at <http://workerscreening.qld.gov.au> for more information about how the department manages and stores your personal information.

### Department of Justice

 PO Box 10179, Brisbane Adelaide Street QLD 4001

 [contactus@workerscreening.qld.gov.au](mailto:contactus@workerscreening.qld.gov.au)

 1800 183 690