

Change in Police Information or a Risk Assessment Matter

For use by cardholder/applicant to advise of a change in police information or a risk assessment matter.

Important notice: If you have made a combined disability worker screening and working with children check application which is in progress or you are the holder of a disability worker screening clearance and blue/exemption card, you must also contact Blue Card Services to notify them of any change to your police information.

Who can complete this form?

Workers with the following disability worker screening card types must use this form to immediately report a change in police information or a risk assessment matter:

- NDIS worker screening clearance
- Queensland disability worker screening clearance
- Yellow card positive notice
- Yellow card exemption notice

Applicants who have any of the following disability worker screening application types in progress must use this form to immediately report a change in police information or a risk assessment matter:

- NDIS worker screening clearance
- Queensland disability worker screening application
- Yellow card application
- Yellow card exemption application

Police information about you changes if a criminal history event happens in relation to you. A criminal history event happens when any of the following occurs:

- You acquire a criminal history
- Your criminal history changes
- The Police Commissioner decides that information about you is investigative information (it doesn't matter when the conduct related to the investigative information happened or is alleged to have happened)
- You become subject to offender reporting obligations, an offender prohibition order or an offender prohibition disqualification order
- You are named as the respondent for an application for an offender prohibition order
- You are the subject of an application for an offender prohibition disqualification order
- You are charged with an offence for contravening a domestic violence order
- An international criminal history event happens in relation to you

Criminal history includes convictions or charges. 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.

A risk assessment matter is:

- Any matter that is or may be relevant to whether you pose a risk of harm to people with disability
- A disability worker screening application or corresponding interstate application made by you was refused
- A working with children check application or corresponding interstate application made by you was refused
- A clearance or interstate NDIS clearance held by you was cancelled and an exclusion or interstate NDIS exclusion was issued to you
- A working with children clearance or interstate working with children authority held by you was cancelled and a negative notice was issued to you
- You are the subject of a workplace investigation about your alleged conduct that includes assault, violent behaviour, inappropriate sexual behaviour, fraud, deceit, theft or failing to provide appropriate care for a vulnerable person in your care
- You were the subject of an investigation by a government entity and, as a result of the investigation, you are subject to a condition or restriction in relation to having contact with a child
- A disciplinary action is taken against you
- A domestic violence order is made against you, including a temporary protection order

How to complete this form?

- This form can only be completed by a cardholder or applicant who needs to report a change in police information or a risk assessment matter
- To report a change in police information you need to complete Part A of this form
- To report a change in a risk assessment matter, you need to complete Part B of this form
- 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 this form 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?

The Worker Screening Unit may reassess your eligibility to hold a disability worker screening clearance. You will be contacted if any further information is required.

Identity and personal information

▲ Legal name (as it appears on your disability worker screening card or 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

My residential address is the same as my postal address.

Postal address (if different from residential address):

Town/ Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

▲ For existing disability worker screening cardholders, please provide your card number:

For applications in progress, please provide your application number (if known):

Part A: Change in police information

The following part is to be completed by cardholders or applicants to advise of a change in police information.

I have had a change in my police information

Please provide brief details about the change to your police information including, date it occurred, offence names, outcomes and any other relevant detail:

Part C: Change in a risk assessment matter

The following part is to be completed by cardholders or applicants to advise of a change to a risk assessment matter.

I have had a change in a risk assessment matter

Please select the type/s of risk assessment matter the change relates to:

- | | |
|---|--|
| <input type="checkbox"/> Disciplinary information | <input type="checkbox"/> Previous worker screening checks/working with children/
vulnerable people checks cancelled or excluded |
| <input type="checkbox"/> Workplace misconduct information | <input type="checkbox"/> Other |
| <input type="checkbox"/> Allegations of abuse or neglect of a child | |
| <input type="checkbox"/> Respondent to a domestic violence order | |

If 'Other' selected, please advise of the type of risk assessment matter this relates to:

Please provide brief details about the change in risk assessment matter including, date it occurred, outcomes and any other relevant detail:

▲ Declarations

I have read and understand the contents of this form

The information provided by me on this form is true and correct and I understand it is an offence to provide false or misleading information

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 Child Safety, Seniors and Disability Services
PO Box 10179, Brisbane Adelaide Street QLD 4001


Scan and email: workerscreeningresponse@communities.qld.gov.au


By fax: 07 3097 7201

Department of Child Safety, Seniors and Disability Services

 PO Box 10179, Brisbane Adelaide Street QLD 4001

 workerscreening@dssatsip.qld.gov.au

 1800 183 690

 07 3097 7201