

| PROGRAM INFORMATION | |
|--|------------------------------|
| EVENT: Little Stars Kids Camp Program. | |
| PARTICIPANT INFORMATION | |
| NAME: | |
| ADDRESS: | |
| SUBURB: | POSTCODE: |
| HOME NUMBER: | *EMAIL: |
| MOBILE NUMBER: | |
| SHIRT SIZE: (Adult Sizes) Please Circle S M L XL XXL XXXL | |
| Is this your first recreation program? | |
| EMPLOYER: | POSITION: |
| EMERGENCY CONTACT | |
| CONTACT NAME: | RELATIONSHIP: |
| HOME PHONE: | MOBILE NUMBER: |
| <p>You are required to advise Keema Children's Foundation if the status of your health changes after completing this form or you come into contact with an infectious disease, including chicken pox, gastro or influenza within TWO weeks of the program.</p> | |
| GENERAL MEDICAL and CARE INFORMATION | |
| <p>It is important that Keema Children's Foundation has up to date information about your health, so that in the unlikely case of injury/illness we are able to provide the most appropriate medical care.</p> | |
| <p>1. Dietary requirements i.e. gluten free, no red meat, celiac etc. If yes, please provide a description:</p> | No |
| <p>2. Allergies, sensitivities or reactions i.e. asthma, bee stings, nuts, grass, hay fever etc. If yes, please provide a description:</p> | No |
| Do you have an epi pen: | Do you use an asthma puffer: |

3. Any pre-existing injuries/illnesses/ailments?

Yes No

- Heart Condition Diabetes Asthma
 Epilepsy Blood disorder Physical injuries/limitations i.e. back pain

If yes, please provide description:

- Recent surgery if yes, please provide description:

What role are you interested in assisting with?

- Camp Buddy for a child Administration Assistance with activities at camp
 Camp Photographs Camp Leader

4. Are there any physical, social or psychological ailments that may affect your participation in an activity? ie claustrophobia, fear of heights etc.

Yes No

If yes, please provide description:

5. Do you have a current first aid certificate or any other medical qualification? If so, please set out below.

6. Do you take any regular medication that you will be bringing to the program? ie high blood pressure medication, contraceptive pill, insulin, anti histamines, vitamins, etc

Yes No

If yes, please provide description:

It is your duty of care to hand in medication to the Medical Team at the beginning of our camps

MEDIA PERMISSION

Do you give permission for:

Photos to be taken of you during camp: **Yes No**

Photos of you being used in DVD/CD to be sent to volunteers and families: **Yes No**

Photos of you being placed in any KCF publicity: **Yes No**

Being interviewed by the media **Yes No**

BLUE CARD IDENTIFICATION

7. Do you have a current Blue Card? Yes
 No

If yes, - Validation Number

Please Attach a legible copy of your Blue Card and one other form of photo identification.

PRIVACY NOTICE

Keema Children's Foundation collects your personal information to administer our programs, including complying with our legal obligations and if you are a Companion, to allow families to get to know you better. We may also collect your 'sensitive information', such as criminal history information obtained through a Police Record Check or Working with Children Check for the same purpose. We also may collect your personal information to promote and communicate with you about our initiatives if you do not provide the information requested you will not be considered for a position as a volunteer. We may disclose your personal information to third parties that provide services to Keema Children's Foundation. If you have volunteered as a Companion, we may also disclose your personal information to families to enable them to get to know you. Our Privacy Policy located at <http://www.keemachildrensfoundation.com.au/privacy-policy> contains information about: (i) how you can access and correct your personal information; and (ii) how to lodge a complaint regarding a breach of the Australian Privacy Principles and how we will handle such a complaint.

CONSENT

By signing this document you agree that you have completed this truthfully and to the best of your knowledge.

Signed:

Date:



BC

NEW/RENEWAL

 Valid for lodgement
until 30 June 2018

Blue card application

Working with Children (Risk Management and Screening) Act 2000
This form is to be completed by paid employees, volunteers and students proposing to start or continue in child-related employment.

Important Notice

 If you are eligible to apply for a blue card (please see **disqualified person**[#] definition on page 4), continue to complete this application. If you are not eligible, **do not** complete this form and complete an Eligibility Declaration form instead.

Part A – Child related activity details (to be completed by the organisation)

- 1** Please select the type of child-related employment for which a blue card is required:
- Paid employee (*payment details required in Part G*)
- Volunteer (*no payment required*)
- Student (*no payment required*)
- 2** Is this application associated with NDIS?
- Yes No

Part B – Organisation details (to be completed by the organisation)

- 1** Name of organisation
- 2** Organisation ID number (*if known*)
- 3** Postal address of organisation

 Postcode
- 4** Contact person's name
- 5** Contact person's position
- 6** Telephone
- 7** Email

Part C – Category of child related activity (to be completed by the organisation)

Information about categories of child-related employment and whether any exemptions apply is available from www.bluecard.qld.gov.au.

Please select the type of child-related activity to which the employment relates:

- Child accommodation services including home stays
- Child care (including education and care)
- Churches, clubs and associations
- Education programs conducted outside school (suspended or excluded students or flexible arrangements under the *Education (General Provisions) Act 2006*)
- Emergency services cadet program
- Health, counselling and support services (including disability services)
- Licensed care services
- Local Government
- Paid private teaching, coaching or tutoring
- Religious representatives
- Residential facilities
- School boarding houses
- School crossing supervisors
- Schools (other than registered teachers and parents)
- Sport and active recreation

OFFICIAL USE ONLY

Receipt number:

Date:

Initials:



Applicant's name

Part D – Applicant’s details (to be completed by the applicant)

1 Title Mr Mrs Miss Ms
Other

2 Full legal name
Family name
 First name
 Middle name
 No middle name (please tick)

3 Do you have a previous name, or have you been known by any other name?
 Yes (record details below) No
 It does not matter how long ago you used the name or how long the name was used for e.g.
 • birth name • name before marriage • married name
 • alias • change by certificate • adoption
 • changed order of name
Family name
 First name
 Middle name
 If you require more space, please tick this box and attach a separate list.

4 Gender

5 Date of birth
D D M M Y Y Y Y

6 Place of birth
 Town/City
 State/Territory
 Country

7 Current postal address (within Australia)

 Postcode

8 Current residential address (if different to above)

 Postcode

9 Telephone number
 Daytime
 Mobile

10 Email

11 Do you identify as? (if applicable)
 Aboriginal Torres Strait Islander
 Aboriginal and Torres Strait Islander

12 Previous blue/exemption card number (if applicable):
 /

13 Are you, or have you ever been a: (please tick)
 Foster or kinship carer
 Health practitioner
 Operator/supervisor/carer of a child care or education service
 Teacher

14 Applicant’s declaration
 I declare that:
 • I have read the information on page 4 and I am not disqualified from applying for a blue card#;
 • I am the applicant named in this form and have not omitted any names or aliases that I use or have used in the past;
 • the information and identification documents provided by me for this application are true and correct and I understand it is an offence to provide a false or misleading statement or document;
 • I consent to information from any police, court, prosecuting authority or other authorised agency being obtained and for the police, courts, prosecuting authority or other authorised agency to disclose any information for the purposes of assessing my eligibility to work with children including ongoing checks while my application/ blue card remains current;
 • I understand that the information obtained includes but is not limited to details of convictions^ and pending or non-conviction charges* or information on the circumstances relating to offences committed or allegedly committed by me, regardless of when and where the offence or alleged offence occurred;
 • 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 am proposing to start or continue in regulated employment and am not entitled to an exemption;
 • I understand and will comply with my blue card obligations as a blue card applicant/cardholder; and
 • I consent to confirmation of the validity of my blue card being published or provided.

Sign inside the box.
Please do not touch or go outside the lines.

Date of signature
D D M M Y Y Y Y

Applicant’s name

Part E – Proof of identity (to be completed by the organisation)

The organisation must check **two current, original** identification documents from the applicant which collectively show the **applicant's full name, date of birth and signature**. The applicant's details on their identification documents must match the details provided in Part D.

One of the following combinations must be used: **EITHER**

List 1 + **List 1** (one must show a signature)

OR

List 1 + **List 2** (one must show a signature)

If one of the valid identification combinations above cannot be provided, complete and attach a *'Request to consider alternative identification'* form.

If the applicant resides more than 50km from the organisation or has a disability which affects their mobility, complete and submit an *'Confirmation of identity'* form.

Please indicate which identification documents have been sighted by placing a in the box.

LIST 1

SIGNATURE DOCUMENT

Driver licence/learner permit/proof of age card
Licence No:
Issued in the state of:

Australian Passport (current or expired in the last 2 years)

NON-SIGNATURE DOCUMENT

Birth certificate (or extract)
 Proof of Australian citizenship or permanent residency
 Overseas Passport (current)
Country of issue:

LIST 2

SIGNATURE DOCUMENT

Pension Concession card/Department of Veterans' Affairs Entitlement card/Seniors Health card/Health care card/any other current financial entitlement card issued by Department of Human Services.
 Credit card or bank card (*do not attach copy*)
 Positive Notice Blue or Exemption card
 Student identification card issued by an education institution (with photo and signature)
 Queensland Gaming Machine Licence

NON-SIGNATURE DOCUMENT

Medicare card
 Queensland crowd controller/private investigator/security officer licence
 Passbook or account statement issued by a financial institution dated in the last 6 months
 Australian taxation assessment notice dated in the last 6 months
 Queensland Licence issued under the *Weapons Act 1990*

If possible, please attach a photocopy of the documents sighted for verification purposes (excluding credit or bank cards).

Part F – Organisation declaration (to be completed by the organisation)

IMPORTANT NOTE: This section must be completed by the organisation's representative irrespective of whether or not the organisation can sight the identification above.

I declare that:

- I understand that it is an offence to provide a false or misleading statement or document;
- I am authorised to submit this application on behalf of the organisation;
- the applicant is proposing to start or continue in regulated employment and an exemption does not apply;
- I have warned the applicant that it is an offence for a disqualified person to sign a blue card application (see page 4)[#]; and
- I have either:
 - checked the 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 *'Confirmation of identity'* form.

Note: It is an offence not to warn the applicant that it is an offence for a disqualified person to sign a blue card application.

Signature of representative

Date of signature

D D M M Y Y Y Y

Name of representative

Position of representative

Applicant's name

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.

Important information

You can withdraw your consent to screening at any time before a decision is made.

#Disqualified person

It is an offence for a disqualified person to sign a blue card application form.

A disqualified person is someone who:

- has been convicted[^] of a disqualifying offence, which includes having sex with a child (irrespective of the type of relationship e.g. teenage boyfriend/girlfriend, unlawful carnal knowledge) or other child-related sex or pornography offences or the murder of a child (irrespective of the penalty and regardless of when and where it occurred); or
- is the subject of:
 - reporting obligations under the *Child Protection (Offender Reporting) Act 2004*; or
 - an offender prohibition order under the *Child Protection (Offender Prohibition Order) Act 2008*; or
 - a disqualification order issued by a court prohibiting them from applying for or holding a blue card; or
 - a sexual offender order under the *Dangerous Prisoners (Sexual Offenders) Act 2003*.

*Non-conviction charge means, whether a person was charged as an adult or a child, a charge: that has been withdrawn; that has been the subject of a nolle prosequi, a no true bill or a submission of no evidence to offer; that led to a conviction that was quashed on appeal; or upon which a person was acquitted or disposed of by a court otherwise than by way of conviction.

[^]Conviction/convicted means a finding of guilt by a court, or the acceptance of a plea of guilty by a court, whether or not a conviction is recorded and regardless of when and where it occurred.

A disqualified person can apply to be declared eligible to apply for a blue card in certain limited circumstances.

For more information about the blue card system and your obligations go to www.bluecard.qld.gov.au.

Application lodgement

Applications may be lodged by one of the following methods:

Scan and upload

www.bluecard.qld.gov.au/uploadform

By post

PO Box 12671, Brisbane George Street QLD 4003

In person

53 Albert Street, Brisbane QLD 4000

By fax

07 3035 5910

Part G – Payment options for PAID employees only

The application fee is GST exempt (under division 81), non refundable and subject to change.

An **\$87.20** fee is required for paid employees. Please select one of the following payment methods:

Credit card—complete payment online at www.bluecard.qld.gov.au

Receipt number Date payment made
D D M M Y Y Y Y

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

Cash or EFTPOS (over the counter transaction only)

Cheque/Money order—made payable to Blue Card Services (ABN 60 789 586 626)

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

 Postcode


Email address for receipt


Blue Card Services, Department of Justice and Attorney-General

 Scan and upload at www.bluecard.qld.gov.au/uploadform

 PO Box 12671, Brisbane George Street QLD 4003

 53 Albert Street, Brisbane QLD 4000

 07 3211 6999 or 1800 113 611

 07 3035 5910

 www.bluecard.qld.gov.au



Valid for lodgement
until 30 June 2018

Link an applicant/cardholder to this organisation

Working with Children (Risk Management and Screening) Act 2000

This form is to be completed by applicants/cardholders who have applied for, or hold a blue/exemption card to advise they are undertaking child-related activities with a new or additional organisation.

Part A – Cardholder/applicant's details

1 Family name

2 First name

3 Middle name

4 Date of birth

5 Current postal address
 Postcode

6 Telephone

7 Mobile

8 Email

9 Card number (if known)

Part B – New child related activity type

Please indicate the type of child-related activity for the new or additional organisation:

- Volunteer (no payment required)
- Student (no payment required)
- Paid employee (complete Part C)

Part C – Current application/card details

Please indicate the type of application lodged, or current card held:

- 'V' Volunteer or student card (payment required in Part H)
- 'P' Paid card (no payment required)
- 'E' Exemption card (no payment required)

Part D – Organisation details (to be completed by the organisation)

1 Name of organisation

2 Organisation ID number (if known)

3 Postal address of organisation
 Postcode

4 Contact person's name

5 Contact person's position

6 Telephone

7 Email

Part E – Category of child related activity (to be completed by the organisation)

Information about categories of child-related employment and whether any exemptions apply is available from www.bluecard.qld.gov.au.

Please select the type of child-related activity to which the employment relates:

- | | |
|--|---|
| <input type="checkbox"/> Child accommodation services including home stays | <input type="checkbox"/> Health, counselling and support services (including disability services) |
| <input type="checkbox"/> Child care (excluding family day care) | <input type="checkbox"/> Licensed care services |
| <input type="checkbox"/> Churches, clubs and associations | <input type="checkbox"/> Local Government |
| <input type="checkbox"/> Education programs conducted outside school (suspended or excluded students or flexible arrangements under the <i>Education (General Provisions) Act 2006</i>) | <input type="checkbox"/> Paid private teaching, coaching or tutoring |
| <input type="checkbox"/> Emergency services cadet program | <input type="checkbox"/> Religious representatives |
| <input type="checkbox"/> Family day care | <input type="checkbox"/> Residential facilities |
| <input type="checkbox"/> Carer | <input type="checkbox"/> School boarding houses |
| <input type="checkbox"/> Adult Member | <input type="checkbox"/> School crossing supervisors |
| <input type="checkbox"/> Regular visitor | <input type="checkbox"/> Schools (other than registered teachers and parents) |
| | <input type="checkbox"/> Sport and active recreation |



Part F – Cardholder/applicant's declaration

I declare that:

- the details provided in this form 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;
- 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/exemption card obligations as a blue/exemption card applicant/cardholder; and
- I consent to confirmation of the validity of my card being published or provided.

Signature of applicant/cardholder

Full name of applicant/cardholder

Date of signature

Part G – Organisation/employer declaration

I declare that:

- the details provided in this form are true and correct;
- 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/exemption card holder/applicant is proposing to start or continue in regulated employment with the organisation listed in Part D;
- an exemption does not apply;
- 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 'Confirmation of identity' form.

Signature of representative

Name of representative

Position of representative

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.

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✉ By post

PO Box 12671, Brisbane George Street QLD 4003

🏠 In person

53 Albert Street, Brisbane QLD 4000

Fax By fax

07 3035 5910

Part H – Payment options

The application fee is GST exempt (under division 81), non refundable and subject to change.

i Payment is **NOT** required for current 'P' or 'E' card holders.

An **\$87.20** fee is required where a volunteer applicant/blue cardholder is proposing to undertake child-related activities in a paid capacity. 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). Please select one of the following payment methods:

Credit card—complete payment online at www.bluecard.qld.gov.au

Receipt number Date payment made

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

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