

# Application for criminal history screening (prescribed notice)



For use by a non-government service provider funded by Disability Services Queensland on behalf of a person engaged or seeking to be engaged by the service provider.

*Disability Services Act 2006 Section 83*

Under the *Disability Services Act 2006*, all people engaged by non-government service providers funded by Disability Services Queensland must undergo criminal history screening every two years.

### WHO NEEDS CRIMINAL HISTORY SCREENING?

Any person who has an agreement (written or unwritten) with a funded 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 funded 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
- tradesperson who is not an employee
- a relative of a consumer *only* providing care for their relative

### HOW TO COMPLETE THIS FORM:

- This form can only be submitted by a Disability Services Queensland funded non-government service provider.
- **Parts A and B** must be completed by the person engaged by the funded non-government service provider.
- **Parts C, D and E** must be completed by the funded 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.

### YOUR PRIVACY

#### What we do with this information

The information provided by you on this form is requested for the purpose of Part 10 of the *Disability Services Act 2006*. This is authorised under Part 10 of the *Disability Services Act 2006*. The information must not be used for any other purpose. The information will be provided to the Queensland Police Service. This form and any information about you obtained from the Queensland Police Service will be stored in a secure facility and only authorised departmental officers will have access to the information. The information will not be disclosed to third parties without your consent or unless required to be disclosed by law.

## PART A – To be completed by the person engaged or seeking to be engaged by the funded non-government service provider

### PERSONAL DETAILS

Have you ever applied for or held a DSQ positive notice and card?  Yes  No

Title:  Mr  Mrs  Ms

Gender:

Family name :

Given name:

Middle name:

(do not abbreviate)

### Other names used:

Other names:

Circumstances of name change:

(e.g. marriage, change of name certificate, deed poll)

1 Name of Family you are working for:

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## PART A – To be completed by the person engaged or seeking to be engaged by the funded non-government service provider

Home address:

Mailing address: (if different from above)

Contact number:

Mobile:

Work:

Home:

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)

>>> 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 funded service provider;
- members 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 Disability Services Queensland 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 funded non-government services provider

### DECLARATION BY PERSON ENGAGED OR SEEKING TO BE ENGAGED BY THE FUNDED 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 funded non-government service provider are true and correct.
- I consent to Disability Services Queensland, in accordance with Part 10 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.

- I understand that it can be an offence under the *Disability Services Act 2006* to state anything in this form or provide material that is false or misleading.

Signature:

Date:

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

### DETAILS OF FUNDED NON-GOVERNMENT SERVICE PROVIDER

Service provider name: Mamre Association Inc

Local contact name:

Position: (Mamre Key Worker)

Local contact telephone: 07 3622 1222

Local contact email: mamre@mamre.org.au

### Reason for this application (please tick one only)

- current engagement;
- new engagement;
- change in criminal history;
- 2 yearly criminal history check;
- cancellation or suspension of positive.

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

### PROOF OF IDENTITY

The funded 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 2006*.

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 funded 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) showing the change of name 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 has expired less than 2 years before the document is sighted.
- Citizenship certificate;

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

- 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 Disability Services Queensland considers provides sufficient identification of the engaged person.

### 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 the 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 care 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 funded non-government service provider

### CERTIFICATION BY FUNDED 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.

Signature:

Date:

Mamre Family Managed Funds – Use Justice of the Peace

**CHECKLIST** – Please indicate that all sections of the form have been completed and all 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 funded non-government service provider (required).

**RETURN TO:**  
**MISCONDUCT PREVENTION UNIT**  
Disability Services Queensland  
PO Box 10179 BRISBANE ADELAIDE STREET QLD 4001