



## Applicant/cardholder no longer with organisation (for organisations)

*Working with Children (Risk Management and Screening) Act 2000*

**This form is to be completed by an organisation to advise that an applicant/cardholder is no longer undertaking child-related activities with a particular organisation.**

### Part A – Applicant/cardholder's details

1 Family name

2 First name

3 Middle name

4 Date of birth

5 Card number (if known)

### Part B – Organisation's details

1 Name of organisation

2 Organisation ID number (if known)

3 Postal address

Postcode

4 Contact person's name

5 Contact person's position

6 Telephone

7 Email

### Part C – Organisation's declaration

I declare that:

- the details provided in this form are true and correct.
- I am the organisation's authorised representative and the applicant/cardholder named in *Part A* of this form is no longer undertaking child-related activities with my organisation; and
- I understand that it is an offence to provide a false or misleading statement or document.

Signature of representative

Name of representative

Position of representative

Date of signature

Blue Card Services, Department of Justice and Attorney-General

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