



Change in Engagement

For use by cardholder/applicant to advise they have started or ended engagement with an employer, self-managed participant or sole trader.

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 changes to your child-related employment.

Who can complete this form?

Workers with the following disability worker screening card types must use this form to report a change in engagement within 14 days of the change occurring:

- 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 report a change in engagement within 7 days of the change occurring:

- NDIS worker screening application (including combined working with children check)
- Queensland disability worker screening application (including combined working with children check)
- Yellow card application
- Yellow card exemption application.

How to complete this form?

- This form can only be completed by a worker or applicant who needs to report a change in engagement
- 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 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 and Information Management Policy.

Identity and personal information

▲ Legal name (as it appears on your disability worker screening card or application form):

First name

Middle name

Last name

No middle name (please tick)

▲ Date of birth:

Mobile number:

▲ Daytime phone number:

Email address:

▲ Residential address:

Town/ Suburb

State

Postcode

My residential address is the same as my postal address.

Postal address (if different from residential address):

My residential address is the same as my postal address.

Town/ Suburb

State

Postcode

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

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

New engagement

This section is to be completed by cardholders/applicants who are **starting engagement** with a new entity (employer, self-managed participant or sole trader).

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

Entity type A:

Employer/Sole trader

Entity ID:

Entity Name:

Self-Managed Participant

Entity type B:

Employer/Sole trader

Entity ID:

Entity Name:

Self-Managed Participant

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

Ending engagement

This section is to be completed by cardholders/applicants who are **ending engagement** with an entity (employer, self-managed participant or sole trader).

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

Entity type A:

Employer/Sole trader

Entity ID:

Entity Name:

Self-Managed Participant

Entity type B:

Employer/Sole trader

Entity ID:

Entity Name:

Self-Managed Participant

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

▲ 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 Seniors, Disability Services and
Aboriginal and Torres Strait Islander Partnerships
PO Box 10179, Brisbane Adelaide Street QLD 4001

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

By fax: 07 3405 6422

Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships

 PO Box 10179, Brisbane Adelaide Street QLD 4001

 1800 183 690

 workerscreening@communities.qld.gov.au

 07 3405 6422