



Application for Replacement Card

For use by a cardholder who requires a replacement card due to lost card, stolen card or change in name.

Who can complete this form?

This form is relevant for workers who require a replacement card who have any of the following outcomes:

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

Workers who have had their **card lost or stolen** must notify the Worker Screening Unit of the loss or theft within 14 days and either apply for a replacement card or ask for their clearance to be cancelled. These obligations can be satisfied through submitting either the 'Application for replacement card' form or the 'Request to cancel clearance' form and specifying in the relevant section that your card has been lost or stolen

Workers who have a **change in name** must also complete the 'Change of details' form within 14 days of the change occurring. You need to do this when you apply for a replacement card (or beforehand) so it can be issued in your new name.

How to complete this form?

- This form can only be completed by a cardholder who requires a replacement card
- 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.

What happens next?

Your current disability worker screening card will be cancelled and a replacement card will be issued.

If your card has been **lost or stolen** and you regain possession of it, you must return it within 7 days of regaining possession of it or penalties apply.

If you are applying for a replacement card due to **change of name**, you must return your current disability worker screening card within 14 days of receiving your replacement card or penalties apply.

Please return your card to the address provided at the end of this form.

Identity and personal information

▲ Legal name:

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):

Town/ Suburb

State

Postcode

Please provide your existing card number: (if known)

▲ Reason for application:

Lost or stolen card

Change of name

Date card was lost or stolen:

▲ 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.

Lost or stolen card only

I understand if I regain possession of my lost or stolen card, it must be returned within 7 days or penalties apply.

Change of name only

I understand my current disability worker screening card must be returned within 14 days of receiving my replacement card or penalties apply.

Signature

Date of signature

▲ Payment details

You must pay the replacement card fee to proceed with the application. Please note the **fee is non-refundable** and subject to change.

Replacement card fee: \$14.95

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

Please select one of the following payment methods:

Bank cheque/Money order
Payable to Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships, ABN 25 791 185 155

Who is the payment receipt to be made out to?

Where is the receipt to be sent? (email/post):

Credit card
Complete payment online at www.bpoint.com.au/pay/communities

Receipt number:

Date payment made:

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

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