

Suitability Declaration

Perso	nal information			
Surname:		Given name(s):	Given name(s):	
Title – Mr/Mrs/Ms/etc:			Date of Birth:	
Addres	S:			
Phone No.:		Mobile No.:	Mobile No.:	
Email: _				
Positi	on details (leave blank if you ar	re not being allocated to a position)		
Name o	of school / TCSO team:			
Location of workplace:		Position:	Position:	
Suita	bility Declaration			
2. 3.	I verify: a) I have not been convic b) I agree to disclose any I know no legal or moral impedime I am aware that I need to provide	eted of any serious offence; and change to my criminal history with ment to my suitability to work with childres to the Chair of the Selection Panel myide a photocopy for the school and TO	en. y current Queensland teache	
Teacher signature:		Date	Date:	
1.	b) I agree to disclose any	eted of any serious offence; and change to my criminal history with ment to my suitability to work with childr		
Please	tick one box:			
	I hold a positive notice to apply for start / continue in child related employment as defined by the Working with Children (Risk Management and Screening) Act 2000. Name (as it appears on the card): Expiry date: □ Photocopy attached			
	OR I hold a negative notice or I am not eligible to apply for start / continue in a child related employment as defined by the <i>Working with Children (Risk Management and Screening) Act 2000.</i>			
	OR I do not possess a prescribed notice as defined by the <i>Working with Children (Risk Management and Screening) Act 2000.</i> I will obtain any such notice as required.			
Non-teacher signature:		Date	Date:	

Note: Please seek advice from the Public Safety Business Agency, Blue Card Services if you are unsure of your 'eligibility' status via telephone on 1800 113 611 or by visiting www.bluecard.qld.gov.au