

# Application to End Interim Bar

For use by a disability worker screening applicant to apply to end an interim bar.

## Who can complete this form?

A disability worker screening applicant who has any of the following applications in progress and has been issued an interim bar:

- NDIS worker screening clearance
- Queensland disability worker screening clearance

## Are you eligible to apply to end your interim bar?

You are only eligible to make this application if your interim bar has been in effect for at least 6 months.

## How to complete this form?

- This form can only be completed by a disability worker screening applicant who has had an interim bar placed on their application
- Please print clearly, use BLOCK letters and indicate with a tick where required
- Delays in processing this form will occur if you do not complete it 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 application to end your interim bar will be considered by the Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships. Your application may not be decided if:

- A charge against you for an offence has not been dealt with; or
- There is an incident involving you, or an allegation or complaint about your conduct, relevant to whether you pose a risk of harm to people with disability that is being investigated and the investigation has not ended.

If your application is refused, you will be notified in writing.

You will be contacted if any further information is required from you to assess your application and notice of the outcome will be provided to you.

## Identity and personal information

### ▲ Legal name (as it appears on your application form):

Title	First name	Middle name	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No middle name (please tick)			<input type="checkbox"/>

▲ Date of birth:

Mobile number:

▲ Daytime phone number:

TMR registered email address:

### ▲ Residential address:

Town/ Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

My residential address is the same as my postal address.

Postal address (if different from residential address):

Town/ Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

## ▲ Additional information to support your application

You have the opportunity to attach supporting documentation to this application. You may state anything you consider relevant to the decision on your application, such as why your interim bar should be ended. You must select one of the options below.

- I have attached supporting documentation to this application
- I have NOT attached supporting documentation to this application

## ▲ Declarations

- I have read and understand the contents of this form
- The information provided by me on this form and in any supporting documentation I attach 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@dssatsip.qld.gov.au](mailto:workerscreening@dssatsip.qld.gov.au)
- By fax:** 07 3097 7201

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

 PO Box 10179, Brisbane Adelaide Street QLD 4001

 1800 183 690

 [workerscreening@dssatsip.qld.gov.au](mailto:workerscreening@dssatsip.qld.gov.au)

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