

#### **Department of Justice and Attorney-General**

# **Application to Cancel Exclusion**

For use by an exclusion holder to apply for a cancellation of their current exclusion outcome.

### Who can complete this form?

Exclusion holders with any of the following outcomes can use this form to request the cancellation of an exclusion issued in Queensland:

- · NDIS worker screening exclusion
- Queensland disability worker screening exclusion
- Negative notice (unsuccessful yellow card outcome)
- Negative exemption notice (unsuccessful yellow card exemption outcome)

## Are you eligible to apply to cancel your exclusion?

You are only eligible to apply to cancel your exclusion if:

- It has been more than five years since your exclusion was issued or your last application to cancel your exclusion was decided; or
- A court has decided on appeal to set aside a decision that information about you is investigative information; or
- There has been a significant or exceptional change in your circumstances since the exclusion was issued, such as your conviction for an
  offence being quashed.

If you were issued an exclusion on the basis you are a **disqualified person**, you may only apply to cancel it if you are no longer a <u>disqualified person</u>. For example, your conviction for a disqualifying offence was overturned on appeal.

If you proceed with an application to cancel your exclusion and do not meet the eligibility criteria or your application is refused, you will not be issued with a refund of the application fee.

#### How to complete this form?

- This form can only be completed by an exclusion holder to request cancellation of their exclusion
- 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?

Any request to cancel a disability worker screening exclusion will be considered by the Department of Justice and Attorney-General. If you do not meet the eligibility criteria, your application will be discontinued and 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:					
Title First name	Middle name		Last name		
	No middle nam	e (please tick)			
Have you been known by any other names?  No Yes – If yes, please provide detail	s below.				
You must provide all other names you are curren last names.	tly known by or have	e previously been known b	y including first name	es, middle names and	
Other names:					
Other name type (alias, cultural name, preferre	d name, previous n	ame):			
▲ Date of birth:					
Mobile number:		Daytime phone number:			
TMR registered email address:					
■ Residential address:					
Town/ Suburb		State		Postcode	
My residential address is the same as my p	oostal address.				
Postal address (if different from residential addre	?ss):				
Town/ Suburb		State		Postcode	
▲ Disclosable information					
Apart from your disability worker screening ex or disqualified following an application for a wo with people with a disability check (or equivale	orking with children	check, working with vuln			
No Yes – If yes, please provide the fo	llowing:				
State refusal was issued:					
Brief description of the type of screening process: (eg working with children check)					

This question is about any worker check (other than disability worker screening check in Queensland) you have had in Australia related to vulnerable persons (children, people with disability, elderly) which has resulted in you currently being suspended from doing this type of work or being issued with an unsuccessful outcome.

Have you ever been charged or convicted or found guilty of a criminal offence in Australia?					
No Yes - If yes, please provide the following:					
Brief summary of your criminal history. Where appropriate please include details of the location and nature of the charge/conviction, relevant dates and outcomes of any proceedings:					
	stralia. This includes convictions or charges that occurred before or after ion means a finding of guilt or the acceptance of a plea of guilty by a court				
Have you ever been convicted or found guilty of any of the below,	or equivalent, offences in a country other than Australia?				
<ul> <li>murder, attempted murder, or manslaughter</li> </ul>	<ul> <li>drug trafficking and drug dealing</li> </ul>				
<ul> <li>serious or aggravated assault</li> </ul>	<ul> <li>neglect or ill-treatment of a child or vulnerable person</li> </ul>				
rape, bestiality, sexual assault, or incest	fraud, deception, or forgery involving a child or vulnerable person				
aggravated robbery	treason/treachery, terrorism, genocide, mutiny, or espionage				
<ul><li>child pornography offences</li><li>abduction, kidnapping, human trafficking, or slavery</li></ul>	<ul> <li>animal cruelty causing an animal serious injury, harm, or death</li> </ul>				
No Yes - If yes, please provide the following:					
Brief summary of your international criminal history. Where approcentiation, relevant dates and outcomes of any proceedings:	opriate please include details of the location and nature of the charge/				
This question is about whether you have been found guilty of ar	ny of the specified offences, or similar offences, outside of Australia				
Have you ever been a respondent to a domestic violence order in	Queensland?				
No Yes – If yes, please provide the following:					
Brief summary of the orders. Where appropriate please include d	etails of relevant dates:				
This question is about protection orders, including temporary p and Family Violence Protection Act 2012.	rotection orders, issued against you in Queensland under the <i>Domestic</i>				

a child in your care that resulted in restrictions regarding your contact of a child/children)?	with that child or other children (including the removal				
No Yes – If yes, please provide the following:					
Brief summary of the orders. Where appropriate please include details of relevant dates:					
Have you ever had any workplace misconduct findings against you, o  violent behaviour or assault	or are you subject to a current investigation, in relation to:				
<ul> <li>indecent or sexual behaviour or misconduct</li> <li>fraud, deception or theft</li> </ul>					
<ul> <li>failing to provide care for a vulnerable person such as a child, eld</li> <li>No</li> <li>Yes – If yes, please provide the following:</li> </ul>	erly person or person with disability?				
Brief summary of the findings. Where appropriate please include det	tails of the nature of the findings, relevant dates and outcomes.				
	<b>3</b> ,				
▲ 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 information about any change to your circumstances since the exclusion was issued. You must select one of the options below.					
I have attached supporting documentation to this application	n				
I have NOT attached supporting documentation to this applic	cation				
<b>▲</b> Declarations					
I have read and understand the contents of this form					
I understand that once payment is processed no refund will be is	ssued regardless of the outcome of my application				
	ing documentation I attach is true and correct and I understand it is an				
offence to provide false or misleading information					
Signature	Date of signature				

Z r dyllicht d	ctuits		
You must pay the r subject to change.	relevant fee listed below to proceed with the application. Please n	ote that the application fee	is non-refundable and
Application to can	cel NDIS worker screening exclusion fee:	\$122	
Application to can	cel Queensland disability worker screening exclusion fee:	\$100	
	d a negative notice or negative exemption notice issued through tility worker screening fee of \$100.	the yellow card system, the	relevant fee is the
If you are unsure w	hich fee applies to you, please contact the Worker Screening Unit	on the details provided at	the end of this form.
To avoid delays in match those record	processing, please attach a copy of the receipt when paying by creded on this form.	edit card and ensure all app	olicant details entered online
Please select one	of the following payment methods:		
Bank cheque/ Payable to De	<b>Money order</b> partment of Justice and Attorney-General, ABN 13-846-673-994		
Who is the payme	nt receipt to be made out to?		
Where is the recei	pt to be sent? (email/post):		
Credit card Complete pay	ment online at www.bpoint.com.au/pay/communities		
Receipt number:		Date payment made:	/ /
Next steps			
Please return you	r completed form by one of the following methods:		
By post:	Disability Worker Screening Unit Department of Justice and Attorney-General PO Box 10179, Brisbane Adelaide Street QLD 4001		
Scan and email:	contactus@workerscreening.qld.gov.au		

## Department of Justice and Attorney-General

樀 PO Box 10179, Brisbane Adelaide Street QLD 4001

contactus@workerscreening.qld.gov.au

**(** 1800 183 690