

# Application to End Suspension

For use by a suspended cardholder to apply to end the suspension.

## Who can complete this form?

Suspended cardholders with any of the following disability worker screening card types can use this form to apply to end the suspension:

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

## Are you eligible to apply to end your suspension?

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

## How to complete this form?

- This form can only be completed by a suspended cardholder to apply to end the suspension
- 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 application to end your suspension will be considered by the Department of Child Safety, Seniors and Disability Services. 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:

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

My residential address is the same as my postal address.

**Postal address (if different from residential address):**

Town/ Suburb

State

Postcode

▲ Disclosable information

**Apart from your disability worker screening suspension - are you currently suspended, or have you ever been refused, barred, excluded or disqualified following an application for a working with children check, working with vulnerable people registration and/or working with people with a disability check (or equivalent) in any state or territory in Australia?**

No  Yes – If yes, please provide the following if known:

**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:**

This question is about whether you have a criminal history in Australia. This includes convictions or charges that occurred before or after the commencement of the *Disability Services Act 2006*. A conviction means a finding of guilt or the acceptance of a plea of guilty by a court whether or not a conviction is recorded.

**Have you ever been convicted or found guilty of any of the below, or equivalent, offences in a country other than Australia?**

- murder, attempted murder, or manslaughter
- serious or aggravated assault
- rape, bestiality, sexual assault, or incest
- aggravated robbery
- child pornography offences
- abduction, kidnapping, human trafficking, or slavery
- drug trafficking and drug dealing
- neglect or ill-treatment of a child or vulnerable person
- fraud, deception, or forgery involving a child or vulnerable person
- treason/treachery, terrorism, genocide, mutiny, or espionage
- animal cruelty causing an animal serious injury, harm, or death

No  Yes - If yes, please provide the following:

**Brief summary of your international criminal history. Where appropriate please include details of the location and nature of the charge/conviction, relevant dates and outcomes of any proceedings:**

This question is about whether you have been found guilty of any 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 details of relevant dates:**

This question is about protection orders, including temporary protection orders, issued against you in Queensland under the *Domestic and Family Violence Protection Act 2012*.

**Have you ever been subject of an investigation by any government agency anywhere in Australia that involved allegations of abuse or neglect of a child in your care that resulted in restrictions regarding your contact with that child or other children (including the removal of a child/children)?**

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, or are you subject to a current investigation, in relation to:**

- violent behaviour or assault
- indecent or sexual behaviour or misconduct
- fraud, deception or theft
- failing to provide care for a vulnerable person such as a child, elderly person or person with disability

No  Yes – If yes, please provide the following:

**Brief summary of the findings. Where appropriate please include details of the nature of the findings, relevant dates and outcomes.**

### ▲ 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 suspension 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 Child Safety, Seniors and Disability Services  
PO Box 10179, Brisbane Adelaide Street QLD 4001
- Scan and email:** [workerscreening@dldsatsip.qld.gov.au](mailto:workerscreening@dldsatsip.qld.gov.au)
- By fax:** 07 3097 7201

Department of Child Safety, Seniors and Disability Services

 PO Box 10179, Brisbane Adelaide Street QLD 4001

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

 1800 183 690

 07 3097 7201