



# Change of Details

For use by cardholder/applicant to advise they have had a change to their name or contact details including change to address, phone number or email.

**Important notice:** If you have made a combined disability worker screening and working with children check application which is in progress or you are the holder of a disability worker screening clearance and blue/exemption card, you must also contact Blue Card Services to notify them of any changes to your details.

### Who can complete this form?

Workers with the following disability worker screening card types must use this form to report a change of details within 14 days of the change occurring:

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

Applicants who have any of the following disability worker screening application types in progress must use this form to report a change of details within 7 days of the change occurring:

- NDIS worker screening application (including combined working with children check)
- Queensland disability worker screening application (including combined working with children check)

### How to complete this form?

- This form can only be completed by a worker or applicant who needs to report a change of details
- 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.

## ▲ Identity and personal information

▲ **Legal name** (as it appears on your disability worker screening card or 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)

▲ **Date of birth:**

▲ **For existing disability worker screening cardholders, please provide your card number:**

**For applications in progress, please provide your application number (if known):**

## Part A: Change of name

The following part is to be completed by cardholders or applicants to advise of a change in name. If you require a replacement card due to your change in name, you will need to also complete the 'Application for a replacement card' form.

Disability worker screening cardholders/applicants must first register their change of name with the Department of Transport and Main Roads before completing this form. You do not need to provide any other proof of your name change.

Yellow card/yellow card exemption holders must attach a certified copy of proof of name change to this form. The proof of name change document could include marriage certificate, birth certificate or deed poll. It must be certified by a Justice of the Peace (JPs) or Commissioner for Declarations (Cdecs).

### New legal name:

Title	First name	Middle name	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Reason for name change:

## Part B: Change of contact details

The following part is to be completed by cardholders or applicants who have a change in contact details. Please complete the relevant questions that apply to you.

**New mobile number:**  **New daytime phone number:**

**New TMR Customer Reference Number (CRN):**

### New TMR registered email address:

Disability worker screening cardholders/applicants must first register their change of email with the Department of Transport and Main Roads before completing this form.

### New 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"/>

## 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

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

 1800 183 690

 07 3097 7201