

# 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 **disqualified person**. 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 Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships. 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			No middle name (please tick) <input type="checkbox"/>

### ▲ Have you been known by any other names?

No  Yes – If yes, please provide details below.

You must provide all other names you are currently known by or have previously been known by including first names, middle names and last names.

Other names:

Other name type (alias, cultural name, preferred name, previous name):

▲ 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"/>

## ▲ Disclosable information

**Apart from your disability worker screening exclusion - 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:

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 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
- I have NOT attached supporting documentation to this application

### ▲ Declarations

- I have read and understand the contents of this form
- I understand that once payment is processed no refund will be issued regardless of the outcome of my application
- 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

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## ▲ Payment details

You must pay the relevant fee listed below to proceed with the application. Please note that the application fee is non-refundable and subject to change.

Application to cancel NDIS worker screening exclusion fee: .....\$122

Application to cancel Queensland disability worker screening exclusion fee: ..... \$100

If you currently hold a negative notice or negative exemption notice issued through the yellow card system, the relevant fee is the Queensland disability worker screening fee of \$100.

If you are unsure which fee applies to you, please contact the Worker Screening Unit on the details provided at the end of this form.

To avoid delays in processing, please attach a copy of the receipt when paying by credit card and ensure all applicant details entered online match those recorded on this form.

### Please select one of the following payment methods:

**Bank cheque/Money order**

Payable to Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships, ABN 25 791 185 155

### Who is the payment receipt to be made out to?

### Where is the receipt to be sent? (email/post):

**Credit card**

Complete payment online at [www.bpoint.com.au/pay/communities](http://www.bpoint.com.au/pay/communities)

Receipt number:

Date payment made:

## 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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