

Link an NDIS self-employed / business operator

Working with Children (Risk Management and Screening) Act 2000

This form is to be completed by a relevant person* seeking to create a link between a nominated person and a self-employed / business operator (applicant or card holder) who delivers NDIS supports or services to a child.

Important information

*A relevant person is:

- the child receiving the supports or services;
- a person with parental responsibility for the child;
- the child's plan manager; or
- a person who carries on an NDIS regulated business that includes delivering NDIS supports or services to the child.

This link entitles the person nominated in section 2 to receive updates about the applicant/cardholder's blue card outcome information and any subsequent changes to their blue card status.

1. Person requesting the link

Indicate the type of relevant person you are:

Child Parent Plan manager Self employed / business operator

First name

Last name

Date of birth

Telephone

Declaration:

- I am a relevant person*;
- I have read and understood the 'important information' on page 1;
- the information I have provided is true and correct; and
- I understand that it is an offence to provide a false or misleading statement or document.

Signature

Date of signature

2. Nominated person to receive updates

This person will receive blue card status updates about the self-employed / business operator listed in section 3. Note, this may be the same person that is requesting the link in section 1.

Indicate the type of relevant person you are:

Child Parent Plan manager

First name

Last name

Postal address

Correspondence may contain confidential information

Suburb

State

Postcode

Telephone

Email

Declaration:

- I am entitled to receive relevant blue card information in relation to the person in section 3;
- I understand the notifications about the applicant/cardholder may contain sensitive and/or confidential information;
- I will handle confidential information appropriately and will not disclose information unless it is authorised by law or appropriate to do so;
- I have read and understood the 'important information' on page 1;
- The information I have provided is true and correct; and
- I understand that it is an offence to provide a false or misleading statement or document.

Signature of nominated person

Date of signature

3. Details of the NDIS self-employed / business operator

First name

Middle name

Last name

Date of birth

Account number or blue card number

Next step

Forms may be lodged by one of the following methods:

U Scan and upload
www.qld.gov.au/bluecard


In person
53 Albert Street, Brisbane QLD 4000


By post
PO Box 12671, Brisbane George Street QLD 4003


By fax
07 3035 5910


Blue Card Services, Department of Justice and Attorney-General

 PO Box 12671, Brisbane George Street QLD 4003

 53 Albert Street, Brisbane QLD 4000

 07 3211 6999 or 1800 113 611

 07 3035 5910

 www.qld.gov.au/bluecard