

Blue Card Services

Delink a person from your organisation

Working with Children (Risk Management and Screening) Act 2000

This form is to be completed by organisations seeking to remove a link with an applicant/cardholder.

1. Details of the person you are delinking

First name	Middle name	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Online account number or blue card number (if known)	
<input type="text"/>	<input type="text"/>	

2. Organisation details

Name of organisation	Organisation ID number (if known)	
<input type="text"/>	<input type="text"/>	
Postal address	<input type="text"/>	
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact person's name	Contact person's position	
<input type="text"/>	<input type="text"/>	
Telephone	Email	
<input type="text"/>	<input type="text"/>	

3. Declaration of organisation representative

I declare that:

- The details provided in this form are true and correct;
- I am the organisation's authorised representative and the applicant/cardholder named in Part 1 of this form is no longer undertaking, or intending to undertake, child-related activities with my organisation; and
- I understand that it is an offence to provide a false or misleading statement or document.

Organisation representative's signature	Name
<input type="text"/>	<input type="text"/>
Date of signature	Position
<input type="text"/>	<input type="text"/>