

# Request to Cancel Clearance

For use by a cardholder to request cancellation of their current disability worker screening clearance.

**Important notice:** If you are the holder of a disability worker screening clearance and blue/exemption card, and you wish to cancel your blue/exemption card, you must contact Blue Card Services directly to notify them.

## Who can complete this form?

Workers with the following disability worker screening card types can use this form to request cancellation of their clearance:

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

You may request cancellation of your clearance if you are no longer engaged to provide NDIS or state-funded disability services or supports to people with disability.

If you have had your card lost or stolen, you must notify the Worker Screening Unit of the loss or theft within 14 days and either ask for your clearance to be cancelled or apply for a replacement card. These obligations can be satisfied through submitting either the 'Request to cancel clearance' form or 'Application for replacement card' form and specifying in the relevant section that your card has been lost or stolen.

## How to complete this form?

- This form can only be completed by a cardholder to request cancellation of their clearance
- 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 clearance will be considered by the Department of Child Safety, Seniors and Disability Services. You will be notified of the outcome in writing.

If your request to cancel your clearance is accepted, your card will be cancelled. You will be instructed to return your clearance card immediately, unless you indicate below it has been lost or stolen.

If your card has been lost or stolen and you regain possession of it, you must return it within 7 days of regaining possession of it or penalties apply.

## ▲ Identity and personal information

### ▲ Legal name (as it appears on your disability worker screening card):

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

**Please provide your disability worker screening card number:**

**Cancellation request**

**Please select one of the following options:**

I would like to request cancellation of my disability worker screening clearance which is in my possession

I would like to request cancellation of my disability worker screening clearance which has been lost or stolen.

Date card was lost or stolen:

**▲ Declarations**

I have read and understand the contents of this form

I understand my disability worker screening clearance may be cancelled

I understand that I will be instructed to return my clearance card immediately if my request to cancel my card is accepted, unless I have indicated my card has been lost or stolen

I understand if I have reported my card lost or stolen and regain possession of it, the card must be returned within 7 days or penalties apply

I understand it is an offence for a person to carry out risk-assessed NDIS work or state-funded disability work without a clearance and penalties apply for non-compliance.

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

If you need assistance, you can contact the Worker Screening Unit on 1800 183 690.