



Personal details

Family name

Given name/s

Date of birth

Telephone number

Mobile number

Residential address

Postcode

Postal address (if same as residential write "as above")

Postcode

Next of kin or an emergency contact name

Relationship to you

Contact telephone number

Applicant's declaration

I understand that, if I am selected as the preferred applicant for the position of School Crossing Supervisor:

- I am required to undertake a health assessment with a Government Medical Officer or other duly qualified medical practitioner and be declared suitable for the occupation of School Crossing Supervisor according to the guidelines in the "Notes for Medical Practitioner" on the School Crossing Supervisor Health Assessment Form (F3064)
- I am required to have a current Blue Card or my Blue Card is being renewed and I have submitted an application to renew or Confirm Valid Blue Card exists with the Commission for Young People and Child Guardian (CCYPCG). I understand that I will be warned that it is an offence for a disqualified person to sign a blue card application form.
- Under Section 122F of the *Transport Operations (Road Use Management) Act 1995* provide in writing any charge laid.

I declare that all the information provided is true and correct and I understand that should any of the particulars be found to be false or misleading, action may be taken to withdraw any offer of employment or to annul any appointment already made.

Signature

Date

All correspondence relating to this Application MUST be returned to the school Principal.

Privacy Disclaimer

Queensland Transport collects the personal information on this form for administrative purposes relating to the School Crossing Supervisor Scheme. Authorised departmental officers have access to this information and will not disclose your personal information to any other third party without your consent or unless required by law.



Queensland Government

Please complete this portion.
(It will be returned on receipt of the application)

(Please print your name and address in this space)

Your application for the advertised position has been received by the Department.

Date received

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Section 1. To be completed by the School Principal

School details

School name _____

Address _____

School Crossing location _____

Does the school presently have a School Crossing Supervisor? No Yes

Is the applicant a replacement Supervisor? No Yes please give details below

Previous Supervisor's name _____

Date of completion ____ / ____ / ____

Principal's recommendation

I hereby recommend the employment of the person whose name is shown overleaf as a School Crossing Supervisor.

Principal's name _____

Signature _____

Section 2. Office Use Only

Submitted by _____ Date ____ / ____ / ____

Preferred applicant? No Yes Health Assessment? Suitable Not Suitable

Blue Card? Yes No

CCYPCG Application submitted

Signature _____ Date ____ / ____ / ____