



**QUEENSLAND CORRECTIVE SERVICES**  
**ADMINISTRATIVE FORM – IDENTIFICATION CARDS FOR STAFF AND APPROVED VISITORS**  
 Availability: Public      Implement Date: 4 August 2009

(Insert Facility/Region/Directorate)

<b>ID Number</b> (for digital photos only)	<b>Name</b> Insert <b>full</b> name If digital camera unavailable, attach passport photo and insert <b>full</b> name. N.B. Do NOT place sticky tape over the front of photograph	<b>Date of Birth</b>	<b>Place of Birth</b>	<b>Date of Security Clearance</b>	<b>Signature</b> (Black ink only)	<b>Old card number</b>	<b>Initials of cardholder – card is received</b>	<b>Initials of cardholder – old card attached</b>

If renewing your current identification card, please sign the declaration below:

**I declare that since the issue of my last Queensland Corrective Services identification card, I have not been charged with or convicted of any criminal offence.**

**Signature:** ..... **Name:** ..... **Date:** .... / .... / ....

If the application is for a **yellow card**, the applicant must answer the following:

I have read appendix: [Use and Security of Queensland Corrective Services Identification Cards](#) and agree to the conditions detailed in the appendix.       **Yes**       **No**

<b>Green Cards</b>	Require approval from General Manager, Regional Manager, District Manager, Executive Director, Director.	<input type="checkbox"/> All Queensland Corrective Services staff
<b>Yellow Cards</b>	Require approval from Director, AEVET or Director, Correctional Infrastructure Management or Chief Inspector or Executive Director, Offender Intervention and Services. (the role must be printed in large, capital, red and bold font on both sides of the photograph)	<input type="checkbox"/> AEVET <input type="checkbox"/> Official Visitor <input type="checkbox"/> Maintenance (QBuild etc.) <input type="checkbox"/> Religious visitor or prisoner support (appointment period: ..... years, ..... months)
<b>Blue Cards</b>	Require approval from Deputy Commissioner, Custodial Operations.	<input type="checkbox"/> Dog <input type="checkbox"/> Dog Squad Officer / Handler <input type="checkbox"/> Staff who require special 24 hour access to all facilities

**Signature of Authorising Officer:** ..... **Print Name:** ..... **Date:** ...../...../..... **Date issued:** ...../...../.....

**FOR USE BY HUMAN RESOURCES SERVICES BRANCH ONLY**

Appt time	Colour (B/G/Y) – Refer to instructions for ID card application	Card number	Expiry date	Processed by