

Change of School Details Form

This form changes school details recorded by the Queensland Catholic Education Commission and provided to the Commonwealth Department of Education.

School AGEID:- _____

School Name and Suburb:- _____

Please enter the new details below.

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1. Fit and Proper Person Requirement

Please complete this section if any of the new details relate to the addition of an individual who will manage or supervise the provision of education at the school (i.e. Principal)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the individual been convicted of, or charged with, an offence in relation to children, dishonesty or violence under Commonwealth, State or Territory laws, or laws of a foreign jurisdiction? You do not need to provide details of any charges and convictions that are spent, quashed or pardoned under Part VIIC of the <i>Crimes Act 1914</i> (Cth)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the individual been bankrupt or insolvent?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the individual engaged in any deliberate pattern of immoral or unethical behaviour?

Please provide further details and documentation if you answered "Yes" to any of the questions above.

2. Confirmation

I declare that:

<input type="checkbox"/> Yes	I am a key individual of the Catholic School Authority.
<input type="checkbox"/> Yes	The information contained in this application is complete and correct, to the best of my knowledge and belief from the sources of information available to me.
<input type="checkbox"/> Yes	I understand that knowingly giving false or misleading information to a Commonwealth entity, a person performing functions in connection with a law of the Commonwealth, or in compliance or purported compliance with a law of the Commonwealth, is a serious offence and I may be prosecuted under section 137.1 of the <i>Criminal Code Act 1995</i> (Cth) if I knowingly provide false or misleading information in this form.

3. Please provide the name and signature of the person making the above declarations

Name: _____ Position: _____

Signature: _____

Catholic School Authority: _____

4. Approved Authority Representative signoff:

(completed by QCEC)

Name: _____ Signature: _____

Position: _____ Date: _____