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| QPSBadge | **QUEENSLAND POLICE SERVICE**  **APPLICATION FOR SUSPENSION OF REPORTING**  *Child Protection (Offender Reporting and Offender Prohibition Order) Act 2004*  Division 10 | Checksbmp2  QP 1062  02/22  Δ2 |

**APPLICANT DETAILS** NCOS ID

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Family name: |  | | | Given name(s): |  | | |
| Address: |  | | | | | | |
| Suburb/Town: |  | | | | | Postcode: |  |
| Date of birth: |  | Place of birth: |  | | | | |
| Email address: |  | | | | | | |

**The police commissioner may suspend reporting obligations for particular reportable offenders in accordance with Division 10 of *Child Protection (Offender Reporting and Offender Prohibition Order) Act 2004* (the Act)*,* if under section 67A of the Act you are a reportable offender who:**

1. were you a child (under 18) when you committed an offence that made you a reportable offender?  **Yes**  **No or**
2. has a cognitive or physical impairment?  **Yes**  **No or**
3. has a mental illness?  **Yes**  **No**

**If you have not answered “yes” to (a), (b) or (c), you do not fall within the ambit of section 67A of the Act and the police commissioner is legislatively unable to consider your application to suspend your reporting obligations.**

**If you have answered yes to (a), (b) or (c), please complete the following questions.**

**IMPORTANT**

**You must continue to comply with your reporting obligations until otherwise advised in writing.**

**APPLICANT GROUNDS**

In accordance with 67D of the Act, reportable offenders may apply for suspension of reporting obligations if the police commissioner is satisfied on reasonable grounds of the following:

(Please outline in detail the reasons)

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| --- |
| The reportable offender does not pose a risk to the lives or sexual safety of 1 or more children or of children generally |

**AND**

(Please outline in detail the reasons)

|  |
| --- |
| The reportable offender has a cognitive or physical impairment – the impairment is a significant impairment |

**Significant impairment** for a reportable offender, means a cognitive or physical impairment that

1. seriously impedes the offender’s ability to comply with the offender’s reporting obligations under part 4; or
2. makes the offender incapable of complying with the offender’s reporting obligations under 4.

**AND**

(Please outline in detail the reasons)

|  |
| --- |
| If the offender has a mental illness – the illness is a significant mental illness |

**Significant mental illness** for a reportable offender, means a mental illness that

1. seriously impedes the offender’s ability to comply with the offender’s reporting obligations under part 4; or
2. makes the offender incapable of complying with the offender’s reporting obligations under part 4.

Provide details of treating physician(s)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | | Address: |  |
| Telephone: |  | |  | |
| Date last treated: | |  |  | |

To add more physicians enter details below

**Please Note:** Applications will only by processed where there is sufficient documentary evidence (including but not limited to, medical and psychiatric reports, risk relevant evidence related to the safety of children, Forensic Orders or approved guardianship as determined by the Queensland Civil and Administrative Tribunal — QCAT)

**To be completed by person making application:**

\*If the reportable offender is a child or an adult for whom a legal guardian has been appointed, the reportable offender’s legal guardian may apply on behalf of the reportable offender.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Family name: |  |  | Given name(s): | |  | |
|  | |  |  |  | |
| (Signature of applicant) | |  | (Date) |  | |

**If this application has been completed by another person, not the applicant, please complete below:**

Are you a parent or guardian of the applicant?

Are you a carer or other person nominated by the applicant?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Family name: |  | | Given name(s): | |  |
|  | |  | |  |  |
| (Signature of applicant) | |  | | (Date) |  |

**The completed application should be sent to:**

**Email: CPOR@police.qld.gov.au**

**Post: Child Protection Offender Registry, GPO Box 1440, Brisbane Qld**