**This application applies to a reportable offender who believes:**

1. They have been placed on the register in error; OR
2. An error has been made in the length of the person’s reporting period, OR
3. An error has been made regarding your conviction for a device inspection offence.

**This application must be made within 28 days after the reportable offender is given their written notice of initial reporting obligations notice (QP 0572).**

**IMPORTANT**

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

**The review decision only considers compliance with legislation. Claims of good character or that you are disadvantaged due to being placed on the register are not considered.**

|  |  |  |
| --- | --- | --- |
| **APPLICANT DETAILS** | NCOS ID  | ID |
| Family name: | family name | Given name(s): | Given name(s) |
| Address: | Address |
| Suburb/Town: | Suburb/Town | Postcode: | XXXX |
| Date of birth: | DD/MM/YYYY | Place of birth: | Place of Birth |

|  |
| --- |
| **State the grounds to which you believe you have been placed on the register in error.****Click or tap here to enter text.** |

|  |
| --- |
| **State the grounds in which you believe an error has been made in the length of your reporting period.****Click or tap here to enter text.** |

|  |
| --- |
| **State the grounds in which you believe an error has been made relating to your conviction for a device inspection offence****Click or tap here to enter text.** |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Family name: | family name | Given name(s): | Given name(s) |
|  |  | DD/MM/YYYY |  |
| (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 of the applicant?

|  |  |  |  |
| --- | --- | --- | --- |
| Family name: | family name | Given name(s): | Given name(s) |
|  |  | DD/MM/YYYY |  |
| (Signature of applicant) |  | (Date) |  |

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

**Child Protection Offender Registry, 1st Floor, Roma Street, GPO Box 1440, Brisbane Qld.
Or email CPOR@police.qld.gov.au**