

National Police Checking Service Screening Unit Application & Informed Consent Form



Government of South Australia
Department for Families
and Communities

Department of Transport, Energy and Infrastructure
Driver Accreditation Applicants Only

CONFIDENTIAL

- Please complete this form then print all pages. **Hand written applications will not be accepted**
- Only original signed forms can be accepted
- Forms will not be accepted unless all sections have been completed
- Please refer to the Informed Consent Form Guidelines before completing this form

SECTION A: Personal Details of Applicant *(to be completed by Applicant)*

Title: Miss Ms Mrs Mr Dr Professor Other *(please specify)*:

Family Name:

Given Name(s):

Preferred Name:

Previous Name(s): (include ALL other names, i.e. maiden name, changes by deed poll, alias names)

Family Name:

Given Name(s):

Family Name:

Given Name(s):

Family Name:

Given Name(s):

Gender: Male Female

Date of Birth:

Town of Birth:

State of Birth:

Country of Birth:

Passport number:

Country of Issue:

Driver's Licence number:

State / Territory of Issue:

Are you (or do you identify as) Aboriginal or Torres Strait Islander?

Yes

No

*** Clearance letters and other correspondence will be sent to the current postal address, upon receiving the letter please attend the Accreditation and Licensing Centre to have your driver accreditation considered*

Current Residential Address:

Suburb / Town:

State:

Postcode:

Period of Residence:

From:

To:

Telephone (H):

(W):

(M):

Email Address:

Current Postal Address *(if different from above)*:

Suburb / Town:

State:

Postcode:

For DFC Screening Unit use only

ID number:

Date entered:

Entered by:

L clear:

C clear:

S clear:

2nd:

- Please record all of your previous permanent residential addresses over the last five years in the space provided below (including overseas addresses). If there is insufficient space, please list them on a separate piece of paper and attach it to this document.
- If you have been a citizen or permanent resident of a country / countries other than Australia since turning 16 years of age you may be asked to provide further information or sign a statutory declaration about your criminal history during this period.

Previous Residential Address (1):		
Suburb / Town:	State:	Postcode:
Period of Residence:	From:	To:

Previous Residential Address (2):		
Suburb / Town:	State:	Postcode:
Period of Residence:	From:	To:

SECTION B: Declaration and Informed Consent

To be completed by Applicant in Block Letters

1. Have you ever been dismissed or resigned from any employment or volunteer role in response to or following allegations of improper conduct relating to a child or vulnerable adult in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever submitted an application for employment or a volunteer role which involves contact with children or vulnerable adults which has been declined for disciplinary reasons or due to allegations of improper conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been (or are you currently) the subject of professional disciplinary proceedings or any action that might lead to such proceedings in any jurisdiction? (This does not include criminal court proceedings.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been (or are you currently) the subject of any conditions regarding your contact with children or vulnerable adults in any employment or volunteer role?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been found guilty of an offence committed in any country other than Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you the subject of any criminal or traffic charges (not including parking or speeding infringements) that are still to be determined or finalised?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you answered “yes” to any of the above questions?

If so, please provide with your application a detailed summary of the circumstances surrounding the situation, including dates and where applicable reasons for the decision, conditions of employment, offence type and date, court and status of the proceedings.

All responses should be placed in a sealed envelope marked “confidential” and addressed to the Manager, Screening Unit and be attached to this Consent Form.

NATIONAL CRIMINAL HISTORY CHECK

Consent to Obtain Personal Information (PARTIAL EXCLUSION)

Staff-in-confidence (when completed)

I, hereby:
Given names (current) **Family name (current)**

1. **Acknowledge** that I have read the Informed Consent Form Guidelines provided with this Form;
2. **Acknowledge** that I have read the Spent Convictions Schemes section of the Informed Consent Form Guidelines and understand that Spent Convictions legislation (however described) in the Commonwealth and many States and Territories protects “spent convictions” from disclosure;
3. **Understand** that the entitlement for which I am being considered is in a category for which a PARTIAL exclusion has been granted from the application of the Spent Convictions legislation and that “spent” convictions and findings of guilt relating to me of a type listed below will be released;

Serious offences, sexual offences, offences against the person, for which an exclusion has been granted in respect to my application for employment / engagement in positions / occupation involving the care, instruction or supervision of vulnerable persons (including children, aged persons, and the disabled).

4. **Certify** that I have fully completed this Form, and the personal information I have provided in it relates to me, contains my full name and all names previously used by me, and is correct;
5. **Acknowledge** that any information provided by me on this Form or by Australian police services as a result of the records check may be taken into account by the Department for Families and Communities (“DFC”) in assessing my suitability for engagement to work with children and vulnerable adults to the Department for Transport Energy and Infrastructure.
6. **Consent** to the DFC disclosing personal information about me from this Form to the CrimTrac Agency and / or to Australian police services;
7. **Consent** to:
 - i the CrimTrac Agency disclosing personal information about me to the Australian police services;
 - ii the Australian police services disclosing from their records details of convictions and outstanding charges, including findings of guilt or the acceptance of a plea of guilty by a court, that can be disclosed in accordance with the laws of the Commonwealth, States and Territories and, in the absence of any laws governing the disclosure release of this information, disclosing in accordance with the policies of the police service concerned; and
 - iii the CrimTrac Agency providing the information disclosed by the Australian police services to DFC and the Department of Transport, Energy and Infrastructure in accordance with the laws of the Commonwealth;

(iii) SA DFC disclosing to the Department of Transport, Energy and Infrastructure personal information about me to assess my suitability in relation for driver accreditation; and
8. **Consent** to the DFC accessing Child Protection Information held by the DFC and other relevant information as described in the Informed Consent Form Guidelines provided with this Form, for the purpose of assessing my suitability for engagement to work with children and vulnerable adults; and
9. **Understand** that, the DFC will provide advice of an assessment of my suitability to work with children and vulnerable adults to the Department of Transport, Energy and Infrastructure.
10. **Acknowledge** that any information obtained as part of this process may be used by Australian police services for law enforcement purposes.

.....
Signature of Applicant

.....
Date

NOTE: The information you provide in this Form, and the information that the CrimTrac Agency provides to the Department for Families and Communities on receipt of the Form, will be used only for the purpose described in this Form. It will not be disclosed without your consent unless statutory obligations require otherwise.

SECTION C: 100 Point Identification Check *(to be completed by Verifying Officer)*

Category A (70 points) – (NB - only one of these documents can be accepted)

<input type="checkbox"/> Birth certificate <input type="checkbox"/> Citizenship certificate <input type="checkbox"/> International travel document * a current passport * expired passport which has not been cancelled and was current within the preceding 2 years	Number: Country of Issue:..... Expiry Date:
--	---

Category B (40 points) – (NB – first document is worth 40 points, subsequent documents are worth 25 points)

<input type="checkbox"/> Australian Driver's licence <input type="checkbox"/> Australian licence or permit (<i>please specify</i>): <input type="checkbox"/> Proof of age card <input type="checkbox"/> Department of Veteran Affairs (DVA) card <input type="checkbox"/> Centrelink card <input type="checkbox"/> Government employee identification card <input type="checkbox"/> Tertiary student identification card	Number: State of Issue: Expiry Date: Govt Agency: Education facility:
--	---

Category C (25 points)

<input type="checkbox"/> Medicare card <input type="checkbox"/> Credit card or savings account card <input type="checkbox"/> Telephone account, Utilities notice, Council rates notice
--

** Please refer to the Informed Consent Form Guidelines for further identification options and instructions

Verification of identity

- I am an Administrative and Customer Support Officer within the Department of Transport, Energy and Infrastructure, a Justice of the Peace or Commissioner for taking Affidavits (Solicitor, Barrister or Proclaimed Police Officer).
- I have viewed original documentation provided by the applicant which complies with the "100 point" check requirements under the *Financial Transactions Reports Act 1988 (Cth)*.
- I confirm that the information provided by the applicant in this form is accurate, legible and corresponds with original identification documents provided.
- I have viewed change of name documentation provided by the applicant (if applicable).
- I have sighted the original identification provided by the applicant and verify that the person referred to in these documents is the applicant who has signed page 3 of this Informed Consent Form.

Details of Verifying Officer

Title: <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Professor <input type="checkbox"/> Other (<i>please specify</i>):			
Name:		ID No:	
Position Title:		Organisation:	
Business Address:			
Suburb / Town:		State:	Postcode:
Telephone Number:	Business:	Mobile:	
E-mail Address:			
Signature of Verifying Officer:			Date: