



VICTORIA POLICE

# Application Form & Instructions

## Consent to Check and Release National Police Record

### Completing and lodging your application form

#### Please ensure that you:

- ❖ Use **BLACK INK** and print within the boxes in **BLOCK LETTERS** e.g. 

S	M	I	T	H															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- ❖ Place one character per box. Leave a space between each word.
- ❖ Place a cross within the appropriate box when selecting an option.
- ❖ All sections (A to G) must be completed or the application will be returned. Include your daytime contact phone number or mobile number on the application form in section B, page 5 should any clarification be required.
- ❖ Leave boxes blank if you are not required to complete a part of a section. Do not alter or delete the wording on this form in any way.
- ❖ Sign and date the application form in the presence of the same person certifying the proof of identity documents (see instructions section F, page 3).
- ❖ Attach your identification documents that have been certified by a person listed in section F, page 3 of these instructions. The certifier **must also** witness your signature.
- ❖ Please visit [www.police.vic.gov.au/policecheck](http://www.police.vic.gov.au/policecheck) for payment options. A tax invoice will only be issued upon request. Complete Applicant's Checklist (page 8). Detach and forward application form and relevant documents to:
- ❖ Public Enquiry Service  
Victoria Police  
GPO Box 919  
MELBOURNE VIC 3001

#### Contact information:

- ❖ Internet: [www.police.vic.gov.au](http://www.police.vic.gov.au)

# How to complete your Consent to Check and Release National Police Record Application Form

## Section A - Type of check required (This section must be completed)

- ❖ Select either national name check for a name search (usually sufficient for most employment/licensing or visa purposes) or national name check and fingerprint records search. If you are not sure which type of check you need, ask the organisation or person who is requesting the certificate.
- ❖ **Fingerprints** will only be taken by appointment via our website at [www.police.vic.gov.au/policecheck](http://www.police.vic.gov.au/policecheck)

A member of Victoria Police is required to complete the Victoria Police Use Only section. When fingerprints have been taken
- ❖ the member will forward the application form, identification and payment to the Public Enquiry Service (DX210075) for processing. Ink prints (if applicable), are to be forwarded with this documentation to the Public Enquiry Service (DX210075).

## Section B - Details of applicant (This section must be completed)

- ❖ Enter the following in the boxes provided.
  - ◆ Your current name in full (i.e. include family and all given names).
  - ◆ All names or aliases by which you are or have previously been known, including your maiden name. Also indicate if they are a 'Former name' or 'Also known as' name. If you require more space to record additional previous names please cross the box provided to generate an attachment.
  - ◆ Gender (male - female).
  - ◆ Your daytime contact phone number/mobile should clarification of details be required.
  - ◆ Your date and place of birth. If born in Australia, place a cross in the 'Yes' box and indicate suburb/town of birth. If born overseas, place a cross in the 'No' box and indicate your country of birth.

## Section C - Current, postal and previous residential address/es (This section must be completed)

- ❖ You must include your current and postal address and any previous residential addresses for the last five years. If you do not know the full details of previous addresses, please write the name of the suburb/s and the state/s. Please begin with the most recent which is your current address.
- ❖ If you require more space to record additional previous addresses please cross the box provided to generate an attachment.
- ❖ With the exception of the results of Working with Police checks, Victoria Police will only mail the certificate to the applicant's residential or postal address provided in section C to further assist in ensuring the protection of privacy and the application of natural justice and that information released is accurate, complete and up-to-date.
- ❖ The employer/organisation must make arrangements with the applicant to view the certificate. The application is a contractual arrangement between the applicant and Victoria Police and the payment provider is **not** entitled to a copy of the certificate except if the payment provider is Victoria Police.

## Section D - Payment Provider (This section must be completed)

- ❖ If this application has been paid for by an employer/organisation or is a Working with Police check, an authorised representative of the employer/organisation or Victoria Police must sign and complete the details in this section for the application to be processed.
- ❖ Enquiries regarding this police check may be made by the applicant and/or designated employer representative. Criminal history details will not be released by telephone; only details regarding the processing of the application will be released. Please allow a minimum of 10 working days for the application to be processed.

## Section E - Purpose of check (This section must be completed)

- ❖ You must indicate the purpose of the check by selecting **ONE** of the three options and place a cross in only **ONE** box.

***Certificates are issued according to the purpose of the check. If you require more than one certificate for different purposes you will need to apply for separate certificates and pay the relevant fee for each.***

### **Option 1 - Employment, occupational licensing, visa or insurance purposes**

- ◆ If you are seeking to gain employment in any position involving child contact e.g. cleaner in a child care facility or Family Day Care provider, you would select 'Contact with children'.
- ◆ If you select 'Healthcare', state the type of employment in the field. e.g. doctor, nurse, chiropractor etc.
- ◆ If you select 'Other' you must specify what type of employment e.g. accountant, cleaner, taxi driver etc.

### Option 2 – Volunteer work/authorised student placement/Family Day Care resident

- ◆ If the check is for unpaid voluntary work, an authorised student placement or if you select Other under this category, please ensure that the type of voluntary work or student placement is specified.
- ◆ In order for an adult (18 years or over) residing with a Family Day Care (FDC) provider to receive the certificate at the reduced rate the care provider's name must be supplied. Only the FDC provider requires a Dept. of Justice Working with Children Check and if a Victoria Police issued certificate is also required you should select Contact with children under Option 1.
- ◆ For all Option 2 selections, the educational institution or organisation must complete the Community Volunteer Fee (CVF) details including the Victoria Police issued CVF number.

### Option 3 – Personal Use (not for release to other parties)

- ◆ A National Police Certificate WILL NOT be provided for Personal Use purposes. The information released under the Personal Use option is for your personal use only and should NOT be used for employment purposes or release to other parties. Under the Personal Use option all Victorian court appearances (including not guilty matters) and pending matters/charges will be released regardless of when the matters were finalised at court, however, it will NOT include interstate criminal history. To obtain interstate criminal history information for personal use you must contact the relevant interstate police jurisdictions directly.

## Section F – Certification, authorisation and statement of consent and indemnity (This section must be completed)

- ❖ **Checks will not be conducted without your consent.** By signing this section you are authorising Victoria Police to obtain records from all Australian police forces and from the Roads Corporation pertaining to yourself. You are also indemnifying any Victorian Government personnel completing the check against any claims or actions resulting from the release of any information on the certificate.
- ❖ Sign, date and print your name in the presence of the person certifying your proof of identity documents. See list below. Your signature must match that of your identification documentation.

### Your identification documents must be certified (signed and dated) by a person from the list below:

- |                                                                     |                                                            |                                                                       |
|---------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------|
| ◆ Justice of the Peace, Bail Justice, Registrar or Deputy Registrar | ◆ State non-executive public service employee (Grade 2-6)  | ◆ Bank manager or employee with 5 or more years of continuous service |
| ◆ State executive public service employee (Level 1, 2 or 3)         | ◆ Commonwealth non-exec. public service employee (APS 2-6) | ◆ Minister of Religion authorised to celebrate marriages              |
| ◆ Commonwealth exec. public service employee (Level 1-2)            | ◆ Accountant (member of the ICA, ASA, NIA or CPA)          | ◆ Member of Commonwealth or State Parliament                          |
| ◆ Australian lawyer (Legal Profession Act 2004)                     | ◆ Registered Dentist (Dental Practice Act 1999)            | ◆ Registered members of the teaching profession                       |
| ◆ Registered Medical Practitioner (Medical Practice Act 1994)       | ◆ Veterinary Practitioner                                  | ◆ Registered nurse                                                    |
| ◆ Pharmacist                                                        | ◆ Sheriff or Deputy Sheriff                                | ◆ Secretary of a building society                                     |
| ◆ Member of the police force                                        | ◆ Casino special employee (Casino Control Act 1991)        | ◆ Councillor of a Municipality                                        |
| ◆ Clerk to an Australian lawyer                                     | ◆ Public Notary                                            | ◆ Senior officer of a council (Local Government Act 1989)             |

## Section G – Proof of identity (This section must be completed)

- ❖ Persons authorised to certify documentation are required, in the presence of the applicant, to sight original documentation and verify that the photographic identification is a true likeness of the applicant. They must sign and date each photocopy of original documents and complete Certification of Proof of Identity in section G.
- ❖ Applicants must supply a minimum of two (2) types of acceptable identification from the list provided in section G with a minimum total of 100 points. Identification must include at least one certified copy of photographic ID (Category A) plus certified identification that contains the applicants current residential address, signature and date of birth. A current passport size photograph must be provided if the applicant does not possess any other category A identification. If a current passport size photograph is submitted it must be a clear, professionally taken photograph and must be certified. Place an "X" in the corresponding box of the identification being submitted. The total points at the bottom of the column must total 100 points or more.
- ❖ After selecting the identification to be provided, complete the areas to the right of categories A and B by entering the details of the relevant primary identification, such as drivers licence, passport, birth certificate etc. in the space provided. The list number is the number preceding each type of identification in Category A or Category B option. Applicants are required to provide this information for only **one** type of category A and if applicable, **one** type of category B identification. Applicants 15 years and older can legally consent to this application without parent or guardian approval and should lodge identification in accordance with section G, categories A, B and C.
- ❖ **Applicants under 15 years of age** must provide a minimum of one category A photo identification and completion of category D. Parent/guardian consent is required for Victoria Police to process the application. The parent/guardian is to sign and print their name in the space provided. If the applicant's date of birth indicates he/she is under 15 years of age and this section has not been completed by the parent/guardian, the application will be rejected and returned to the applicant.

# Information Release Policy

## Consent

- ❖ Victoria Police does not release criminal history information outside the sphere of law enforcement and/or the administration of justice without the individual's written consent. In order to obtain a national police certificate an individual must complete the application form and arrange payment of the appropriate fee.

## What will be released?

- ❖ Victoria Police releases criminal history information where findings of guilt have been recorded together with details of matters currently under investigation or awaiting court hearing. It is important to note that a finding of guilt without conviction is still a finding of guilt and will be released according to the Victoria Police information release policy. Victoria Police releases police records in accordance with the following guidelines:
  - ◆ If the individual was an adult (eighteen years\* or over) when last found guilty of an offence and ten years have since elapsed, subject to exceptions listed below, no details of previous offences will be released
  - ◆ If the individual was a child (under eighteen years\*) when last found guilty of an offence and five years have since elapsed, subject to exceptions listed below, no details of previous offences will be released (Note: Court Orders on care/protection applications will not be released regardless of the age of the order)
  - ◆ If the last finding of guilt resulted in a non-custodial sentence or a custodial sentence of 30 months or less, the ten or five year period commences from the day the individual was found guilty
  - ◆ If the last finding of guilt is an appeal or re-hearing, the ten or five year period will be calculated from the original court date
  - ◆ If the last offence qualifies to be released, then all previous findings of guilt will be released, including juvenile offences
  - ◆ If the record contains an offence that resulted in a custodial sentence of longer than 30 months the offence will always be released. If 10 years have elapsed since the last finding of guilt, subject to exceptions listed below, then only the offence(s) that resulted in a custodial sentence of longer than 30 months will be released.
  - ◆ If the individual is currently under investigation or has been charged with an offence and is awaiting the final court outcome, the pending matters/charges are released. It is noted on the certificate that the matter/charge cannot be regarded as a finding of guilt as either the matter is currently under investigation or the charge has not yet been determined by a court.

**Please Note:** Findings of guilt without conviction and findings of guilt resulting in a good behaviour bond are findings of guilt and will be released under this policy.

## Exceptions

- ❖ There are some circumstances where a record that is older than five or ten years may be released. Please refer to the Victoria Police Information Release Policy for the full list of exceptions at [www.police.vic.gov.au/content.asp?Document\\_ID=692](http://www.police.vic.gov.au/content.asp?Document_ID=692)

## Police Records obtained from other Australian Police Jurisdictions

- ❖ Victoria Police conducts national name checks. If information is obtained from other police jurisdictions the relevant legislation/policy for that jurisdiction, together with that of Victoria Police is applied to the information before it is released. In relation to legislation/policy used by states or territories other than Victoria, please contact the relevant police jurisdiction.

## Information on a National Police Certificate

- ❖ Applicants who dispute information recorded on the National Police Certificate should write to the The Manager, Public Enquiry Service, Victoria Police, GPO Box 919 Melbourne Victoria 3001. Requests should specify the offences in dispute, provide supporting information to assist the assessment and applicants should be prepared to provide comparison fingerprints. No fee will be charged for verifying information or taking comparison fingerprints. Fingerprints will be destroyed by Public Enquiry Service, Victoria Police upon resolution of the dispute.
- ❖ The use and retention of the information contained on the National Police Certificate may be subject to State or Commonwealth legislation. The recipient is therefore urged to make their own enquiries with respect to any applicable legislative obligations or requirements.

## Transgender Applicants

- ❖ People in the community that require further information in relation to the policy for processing applications for transgender applicants should contact our office via email at [policecheckvic@police.vic.gov.au](mailto:policecheckvic@police.vic.gov.au)

## Privacy Statement

- ❖ Victoria Police is required to maintain the privacy of the personal information that it collects, stores, uses and discloses, and adheres to strict privacy and confidentiality legislation and policies. Personal information is treated in accordance with the Information Privacy Act 2000. An individual may gain access to their personal information by making an application through the Victoria Police Freedom of Information Unit. For further information go to [www.foi.vic.gov.au](http://www.foi.vic.gov.au)

\* The age jurisdiction of Criminal Division of the Children's court was increased on the 1st of July 2005 in accordance with the Children and Young Persons (Age Jurisdiction) Act 2004. This amendment is not retrospective and offences committed prior to this date will be released in accordance with the previous age jurisdiction of 17 years. Revised 02/06



# Application Form

Consent to Check and Release National Police Record

VP Form 820B (Revised 26/03/2021)  
Website: [www.police.vic.gov.au](http://www.police.vic.gov.au)

Online Payments Only

VICTORIA POLICE

Online Payment Receipt Number: \_\_\_\_\_

Date of payment: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- ❖ All sections (A to G) must be completed or the application will be returned. Include your daytime contact phone number or mobile number on the application form in section B, page 5 should any clarification be required. Do not alter or delete the wording on this form in any way.
- ❖ Place one character per box. Leave a space between each word. Leave boxes blank if you are not required to complete a part of a section.
- ❖ Sign and date the application form in the presence of the authorised certifier, then attach your certified proof of identity documents (see instructions section F & G, page 3).
- ❖ Please visit <https://www.police.vic.gov.au/policecheck> for payment options. A tax invoice will not be issued unless requested

Please complete this form electronically if possible. If this is not possible, complete in **BLACK INK** and print within the boxes in **BLOCK LETTERS**

Complete Applicant's Checklist (page 8). Detach and forward the application form and relevant documents to: Public Enquiry Service  
Victoria Police  
GPO Box 919  
MELBOURNE VIC 3001

## Section A: Type of check required (This section must be completed)

National name check **OR**  National name check and fingerprint records search

**Victoria Police Use Only:** Victoria Police member to complete

Fingerprints: Ink  Livescan  Date Prints Taken  Station Code  Reg/EmpNo

## Section B: Details of Applicant (This section must be completed)

Family name/surname

First given name

Other given names Daytime contact phone number/mobile

Male  Female  Daytime contact phone number/mobile Date of birth (DD MM YYYY)

**Were you born in Australia?** Suburb/town of birth State

Yes ▶ Please record your suburb/town of birth

No ▶ Please record your country of birth Country of birth

### Other names you have used (including former, maiden name/s etc)

If you are known or have been known by any other names, please list them below, indicating if they are a former or also known as name.

Former name  Also known as  Family name/surname   
**OR**

First given name

Other given names

Former name  Also known as  Family name/surname   
**OR**

First given name

Other given names

If you require an attachment to record additional previous names please cross this box. (Add **Section H : Attachment - 1**)

**Section C: Current, postal and previous residential address/es** (This section must be completed)

Enter your current residential address in the space provided. Enter your postal address ONLY if it differs from your current residential address. Your certificate will only be delivered to your current residential or postal address. Provide details of previous residential addresses for the last five years only.

**CURRENT RESIDENTIAL ADDRESS** (must not be a PO Box or a business address)

Unit number/street number/street name (with a gap between numbers and words)

Suburb/town/locality

State

Postcode

**PLEASE NOTE: If you complete this section your certificate will be mailed to this address**

**POSTAL ADDRESS** (complete only if different to current residential address)

Unit number/street number/street name/PO Box (with a gap between numbers and words)

Suburb/town/locality

State

Postcode

**PREVIOUS RESIDENTIAL ADDRESS/ES FOR THE LAST FIVE YEARS - please begin with the most recent**

Unit number/street number/street name (with a gap between numbers and words)

Suburb/town/locality

State

Postcode

Unit number/street number/street name (with a gap between numbers and words)

Suburb/town/locality

State

Postcode

If you require an attachment to record additional previous addresses please cross this box. (Add **Section H : Attachment - 1**)

**Section D: Payment Provider** (This section must be completed) Copies of the certificate will NOT be provided to employer/organisation.

Is this certificate being paid for by an employer/organisation or for Victoria Police purposes?

Yes (refer below)

No (go to section E)

Note: Results of 'Working with Police' checks will be released to the Victoria Police representative nominated in this section.

If you answered Yes, this section must be completed and signed by the employer/organisation's representative or by a Victoria Police representative if check is for Working with Police.

Name of Employer/organisation's representative

Title of representative (e.g. Manager, Co-ordinator)

Employer/organisation

Unit number/street number/street name/PO Box (with a gap between numbers and words)

Suburb/town/locality

State

Postcode

Daytime contact phone number/mobile

To ensure the protection of privacy and the provision of natural justice, I authorise Victoria Police to deliver the certificate only to the applicant's residential or nominated postal address.

Signature of employer/organisation's representative

Please sign within the box and use BLACK INK





## Section E: Purpose of check (This section must be completed)

**Complete only ONE of the following three options. Different certificates are issued according to the type of check. If you require more than one certificate for different purposes, you need to apply and pay for separate certificates.**

### OPTION 1 - Employment, occupational licensing, visa or insurance purposes (cross only one box)

- |                                                           |                                                        |                                                                |                                                     |
|-----------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Contact with children            | <input type="checkbox"/> Adult aged/disabled care      | <input type="checkbox"/> Contact with prisoners                | <input type="checkbox"/> Prison/Corrections Officer |
| <input type="checkbox"/> Casino or gaming licence         | <input type="checkbox"/> Working with Police           | <input type="checkbox"/> Insurance investigation               |                                                     |
| <input type="checkbox"/> Application for an overseas visa | <input type="checkbox"/> Healthcare (please specify) ▼ | <input type="checkbox"/> Emergency Services (please specify) ▼ | <input type="checkbox"/> Other (please specify) ▼   |

### OPTION 2 - Volunteer/authorised student placement/Family Day Care resident (cross only one box)

- |                                                                                       |                                                                                                                                                                      |                                                                            |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Contact with children                                        | <input type="checkbox"/> Adult aged/disabled care                                                                                                                    | <input type="checkbox"/> Volunteer - Contact with prisoners                |
| <input type="checkbox"/> Volunteer - Gaming                                           | <input type="checkbox"/> Healthcare (please specify) ▼                                                                                                               | <input type="checkbox"/> Volunteer - Emergency Services (please specify) ▼ |
| <input type="checkbox"/> Other (please specify type of volunteer/student placement) ▶ | Name of care provider                                                                                                                                                |                                                                            |
| <input type="checkbox"/> Family Day Care resident (18 years or over) ▶                | In accordance with the Working with Children Act 2005, Family Day Care providers must be registered with the Department of Justice Working with Children Check Unit. |                                                                            |

**Community Volunteer Fee (CVF) details including CVF number MUST be provided below for any Option 2 selection.**

#### Declaration of volunteer/authorised student /Family Day Care resident status

This section is to be completed by organisations that have applied for and have a CVF (Community Volunteer Fee) number. This section can ONLY be completed by a representative of such an organisation. The reduced payment rate will NOT be permitted unless this section is completed.

I declare that the applicant named on this form is a student, a prospective voluntary worker or a Family Day Care resident authorised by the organisation named below. The applicant will receive no payment for his/her services.

Name of organisation

Name of organisation's representative

Daytime contact phone number/mobile

Signature

Date signed

CVF number

/

### OPTION 3 - Personal use (not for release to other parties)

- A **National** Police Certificate will not be provided for Personal Use purposes. A certificate generated for Personal Use does not include interstate criminal history, is NOT for employment purposes and should NOT be released to other parties. Please refer to Section E, Option 3 of the Instructions.

## Section F: Certification, authorisation and statement of consent and indemnity (This section must be completed)

I certify that I am the applicant named in this form and all the details herein provided by me are true and correct. I have not omitted names or aliases that I have or may have used previously. I have read and understood the contents of this form. I consent to a check of the records of Victoria Police and other Australian police forces and to the release (as specified in policy at [www.police.vic.gov.au/content.asp?Document\\_ID=692](http://www.police.vic.gov.au/content.asp?Document_ID=692)) of any convictions, findings of guilt, either with or without conviction, any matters still outstanding against me and any other matters deemed to be relevant which are recorded against my name. If applicable, I hereby authorise Victoria Police to obtain information from the Roads Corporation which relates to my identity and which is kept by the Roads Corporation. In consideration of Victoria Police releasing any details of any convictions and other information recorded against my name, I hereby indemnify the State of Victoria, its servants and agents including all members of Victoria Police against all actions, suits, proceedings, causes of action, costs, claims and demands whatsoever which may be brought or made against it or them by any body or person by reasons of or arising out of the release of any details of any findings of guilt, convictions and other information recorded against my name or purporting to either relate to or concern me.

Signature of applicant **(In the presence of the certifier)**

**In the presence of the certifier please sign within the box using BLACK INK. Certifier must then complete 'Certifier Use Only' in Section G**



Name of applicant

Date signed

## Section G: Proof of Identity (This section must be completed)

### Proof of Identity Documentation

Applicants must supply a minimum of two (2) types of identification from the list below with a minimum total of 100 points. Identification must include at least one type of photo ID (Category A) plus **identification that contains the applicant's current residential address, signature and date of birth.** A minimum of one Category A photo ID and completion of Category D is required for applicants under 15 years of age.

**(All identity documents with at least one containing your current residential address must be certified)**

#### Category A - You must have at least ONE Category A document

	Points	Category A List Number (1-5)
1. Current passport (Australian/Foreign)	<input type="checkbox"/> 70 ▶	Card/Document - ID Number
2. Driver licence/Learner's permit/Boat licence	<input type="checkbox"/> 40 ▶	
3. Firearms/Private security licence	<input type="checkbox"/> 40 ▶	State of issue      Expiry date (DD MM YYYY)
4. Current tertiary student identification card	<input type="checkbox"/> 40 ▶	
5. WWC Check card/Key pass/Proof of age card	<input type="checkbox"/> 40 ▶	Country of issue
Certified current passport size photo (only required if the applicant does not possess any other category A identification. If a passport photo identification is provided, a selection from the category B list is mandatory for applicants 15 years of age and over.)	<input type="checkbox"/> 40 ▶	

#### Category B

1. Australian citizenship certificate	<input type="checkbox"/> 70 ▶	Category B List Number (1-7)
2. Birth certificate (not extract)	<input type="checkbox"/> 70 ▶	Card/Document - ID Number
3. Birth card	<input type="checkbox"/> 70 ▶	
4. Australian travel documents or current Australian Visa	<input type="checkbox"/> 70 ▶	State of issue
5. Department of Veterans Affairs (DVA) card	<input type="checkbox"/> 40 ▶	
6. Centrelink card (with reference number)	<input type="checkbox"/> 40 ▶	Country of issue
7. Government employee ID	<input type="checkbox"/> 40 ▶	

#### Category C

Medicare card	<input type="checkbox"/> 25 ▶
Credit card or account card	<input type="checkbox"/> 25 ▶
Marriage certificate (registry issue only)	<input type="checkbox"/> 25 ▶
Change of name certificate (registry issue only)	<input type="checkbox"/> 25 ▶
Bank statement (with residential address)	<input type="checkbox"/> 25 ▶
Motor vehicle registration or insurance papers	<input type="checkbox"/> 25 ▶
Property rates notice/utilities notice	<input type="checkbox"/> 25 ▶
Property lease agreement	<input type="checkbox"/> 25 ▶
Home insurance papers	<input type="checkbox"/> 25 ▶
Taxation assessment notice	<input type="checkbox"/> 25 ▶
Records of primary, secondary or tertiary education	<input type="checkbox"/> 25 ▶
Records from a current or previous employer	<input type="checkbox"/> 25 ▶
Records of a professional or trade association	<input type="checkbox"/> 25 ▶

#### Category D (under 15 years of age)

##### Parent/guardian consent

##### Category A identification MUST be attached

I hereby consent to a national police record check on the applicant listed on this form and I acknowledge that I am the parent/guardian of the applicant.

Signature of parent/guardian

Name of parent/guardian

Daytime contact phone number/mobile

**ADD TOTAL POINTS (must be 100 or more)** ▶

#### Certifier Use Only: Certification of Proof of Identity - To be completed by certifier when sighting documents

Persons authorised to certify documentation are required, in the presence of the applicant, to witness the applicant's signature and sight original documentation and verify that the photo identification is a true likeness of the applicant. **They must sign and date each photocopy of original documents and complete this section.**

I certify that the attached photographic identification is a true likeness of the applicant and that the proof of identification documentation selected above, submitted with this application and signed and dated by me are true copies of the originals, such originals having been sighted by me.

Title (eg Mr, Mrs)      Name

Title/Position (eg chemist, teacher etc)

Provider/Registered Number

Daytime contact phone/mobile

Signature of certifier ▶

Date signed

**APPLICANT'S CHECKLIST:** Have all sections A to G been completed?  Yes      Has the certifier signed sections F and G?  Yes

Have you provided: 1. Certified identification?  Yes      2. Contact phone number?  Yes      3. Relevant payment?  Yes

Have you signed the form in the presence of the certifying witness (section F)?  Yes



**Section H : Attachment - 1** (This section is optional)

**Attachment for Section B: Other names you have used (including former, maiden name/s etc)**

Former name    Also known as    Family name/surname

**OR**

First given name

Other given names

Former name    Also known as    Family name/surname

**OR**

First given name

Other given names

Former name    Also known as    Family name/surname

**OR**

First given name

Other given names

Former name    Also known as    Family name/surname

**OR**

First given name

Other given names

Former name    Also known as    Family name/surname

**OR**

First given name

Other given names

**Attachment for Section C: Previous residential address**

Unit number/street number/street name (with a gap between numbers and words)

Suburb/town/locality

State

Postcode

Unit number/street number/street name (with a gap between numbers and words)

Suburb/town/locality

State

Postcode

Unit number/street number/street name (with a gap between numbers and words)

Suburb/town/locality

State

Postcode

Unit number/street number/street name (with a gap between numbers and words)

Suburb/town/locality

State

Postcode

Unit number/street number/street name (with a gap between numbers and words)

Suburb/town/locality

State

Postcode

If you require an attachment to record additional previous names or previous addresses please cross this box. (Add **Section H : Attachment - 2**)

**Section H : Attachment - 2** (This section is optional)**Attachment for Section B: Other names you have used (including former, maiden name/s etc)**

Former name   Also known as   Family name/surname

**OR**

First given name

Other given names

Former name   Also known as   Family name/surname

**OR**

First given name

Other given names

Former name   Also known as   Family name/surname

**OR**

First given name

Other given names

Former name   Also known as   Family name/surname

**OR**

First given name

Other given names

Former name   Also known as   Family name/surname

**OR**

First given name

Other given names

**Attachment for Section C: Previous residential address**

Unit number/street number/street name (with a gap between numbers and words)

Suburb/town/locality

State

Postcode

Unit number/street number/street name (with a gap between numbers and words)

Suburb/town/locality

State

Postcode

Unit number/street number/street name (with a gap between numbers and words)

Suburb/town/locality

State

Postcode

Unit number/street number/street name (with a gap between numbers and words)

Suburb/town/locality

State

Postcode

Unit number/street number/street name (with a gap between numbers and words)

Suburb/town/locality

State

Postcode