

CONFIDENTIAL



NATIONAL CRIMINAL HISTORY RECORD CHECK CONSENT TO OBTAIN PERSONAL INFORMATION

CFS Brigade _____

New Member Cadet Leader

APPLICANT PERSONAL DETAILS – *please PRINT information*

Names by which I am, or ever have been, known (including changes by Deed Poll):

Current Family Name: *(Mr, Mrs, Miss, Ms, Dr)*

Given Name: Middle Name(s):

Previous Names: Surname: Given Name(s):

Gender: Female Male Date of Birth:/...../.....

Place of Birth: State:..... Country:

Current Residential Address:

Suburb/Town: Postcode:

Postal Address:

Suburb/Town: Postcode:

Telephone: (H)..... (W)..... (Mob).....

PREVIOUS ADDRESS DETAILS

If you have lived at your current residential address for less than 5 years, please provide details of all permanent residential addresses for the last 5 year period. If full details of address(es) and exact dates are unavailable, details of town and state and the years of residence will be sufficient. Please add additional sheet if required.

Address	Period of Residence
Period at Current Residential Address as listed above	/ / to / /
	/ / to / /
	/ / to / /
	/ / to / /
	/ / to / /
	/ / to / /

CADET LEADERS

Have you undertaken any Mandated Notification Training? Yes No

If yes, who provided the training and when:.....
.....

APPLICANT CONSENT TO OBTAIN PERSONAL INFORMATION

I, hereby:
Family Name (Current) *Given Names (Current)*

1. acknowledge that I have read the Spent Convictions Schemes section of the Information sheet and understand that Spent Convictions legislation (however described) in the Commonwealth and many States and Territories protects “spent convictions” from disclosure;
2. understand that the position 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;
 - (i) **South Australia - Serious offences including offences against the person, drug offences and some firearm offences** (Largely unsupervised contact with vulnerable groups – Information Privacy Principles Instruction)
 - (ii) **Commonwealth - Sexual offences or any other offence against the person if the victim of the offence was under 18 at the time the offence was committed** (Section 85ZZH(e)&(f) of the *Crimes Act 1914 (Cth)*)
3. 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;
4. consent to SAFECOM disclosing personal information about me from this Form to the CrimTrac Agency and the Australian police services;
5. 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 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 SAFECOM in accordance with the laws of the Commonwealth; and
6. acknowledge that any information provided by me on this Form, or by the Australian police services, may be taken into account by SAFECOM in assessing my suitability for the volunteering role for which I am applying.

Applicant's signature: **Date:**/...../.....

Note: The information you provide on this Form, and which the CrimTrac Agency provides to SAFECOM on receipt of the Form, will be used only for the purpose stated above unless statutory obligations require otherwise.

PROOF OF IDENTITY & WITNESS VERIFICATION

100 Point ID proof of identity is required and original documents must be witnessed by a delegated Authorised Officer, Police Officer or Justice of the Peace.

Applicant must provide ONE of the following:

- Passport
 (current or expired within 2 years) *Number* *Expiry* *Country of Issue*
- Driver's licence or permit
 *Number* *Expiry* *State of Issue*

Applicant must also provide AT LEAST ONE OTHER form of identification:

- Birth Certificate (or extract) Citizenship Certificate (or certified copy) Centrelink Card
- Tertiary Education ID Public Service employee ID Proof of Age Card
- Other (please specify type)..... How long has witness known you?

Applicant must provide proof of name change if applicable (eg, deed poll, marriage certificate or other).

The applicant's signature, date of birth and correct spelling of name have been verified by me. I have sighted official documentation as detailed above.

Witness Signature: Witness Name (in full):
(please PRINT)

Date:/...../..... Position:

Please return this document, marked ' CONFIDENTIAL ' to: (No postage stamp required)	Administration Officer Volunteer Strategy and Support Branch, SAFECOM Reply Paid 2706 ADELAIDE SA 5001
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