National Police Check Consent Form

NATIONAL POLICE CHECK CONSENT FORM

Please read the G						ectic	ons of this Form. NS I	W Health i	is require	d to sight y	our <u>original</u>
Is this a renewal	_		☐ Ye		No						
name), and othe	r previous r	names and/or a	alias names	š.			ncluding your primar				,
							I given name Jane a			When she	married, she
As such, Luciani now. She needs							e, the alias she used	before she	e got marr	ied and the	alias she uses
Current Name: Maiden Name: Alias name: Previous name:	Smith, Lu Jones, L Smith, Lu	ucianne Jane ucianne Jane ucy Jane		3.							
		Family N	ame		_	ven imar	Name Giv	ven Nam	e 2	Given	Name 3
Primary Name											
Maiden Name											
Previous/Alias	Name 1										
Previous/Alias	Name 2										
Previous/Alias	Name 3										
Previous/Alias	Name 4										
Gender	☐ Male	Female	Uns	pecified		Date	of Birth	/	/	(dd/mr	m/yyyy)
Place of Birth Current Residential Address Residing at above addres		Suburb/T	Suburb/Town:								
		State:	State: Country:								
			No/Street:								
			Suburb/Town:								
			State: Postcode:			Country:					
Previous Addre)								
Trevious Addre	33 (0701 111	e last 5 years,							Period o	f Residence	e: If actual
Previous Address	No/Street:							dates are unavailable, details of year of residence will suffice			
(if any)	Suburb/Town:								From: To:		
	State: Postcode: Country:								Period of Residence		
Previous Address (if any)	No/Street: Period of Residence Suburb/Town:										
	State: Postcode: Country:								From:		То:
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Email		Postcode: Country:					L				
Telephone No	1	Mobile:			Business	 S:		Private:			
Position			1			Type of Position		d 🔲 Volunteer			
If you have used o	one of these	documents to v	verify your id	dentity, p	olease fill in						
Driver's Licen	ce (Numbe	er)					Issuing State:				
Passport (Number)			Issuing Country:								



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Firearms Licence (Number)	Issuing Agency:
(Office Use Only) Notes/Adjustments made to consent form after verifying Identity Documents	

- 1. I acknowledge that I understand the information on this form.
- 2. I acknowledge that NSW Health is collecting information in this form to provide to the Australian Criminal Intelligence Commission (ACIC) and police agencies for a national Police check to be conducted;
- 3. I have fully and accurately completed this form, and the personal information I have provided relates to me, and contains my full name and all names previously and currently used by me;
- 4. I acknowledge that withholding and/or providing misleading or false information on this form and in any supplied identity documents is a Commonwealth offence and may lead to prosecution under the *Criminal Code Act 1995 (Cth)*.
- 5. I acknowledge that any information sent by mail or electronically, in relation to this form, including identity documents, is sent at my risk and I am aware of the consequences of sending information in these ways.
- 6. I am aware that I am providing consent for a national Police check to be conducted using all personal information provided in this form and provided in supplied identity documents
- 7. I acknowledge that the national Police check is being submitted for the purpose of unsupervised contact with vulnerable groups as a requirement of working in NSW Health and that this is not a Working with Children Check. I understand and consent to the police information relating to me being disclosed in accordance with the purpose of the check and applicable legislation and information release policies (including spent convictions legislation described in Australian Government and state or territory legislation)
- 8. I give consent to:
 - (i) The ACIC and police agencies using and disclosing my personal information that I have provided in this form and personal information contained in my supplied identity documents to conduct a national Police check;
 - (ii) The ACIC disclosing the police information sourced from the police agencies to NSW Health;
 - (iii) NSW Health disclosing to the legal entity employer my personal information and police information to assess my suitability for the role I have applied for.
- 9. I acknowledge that it is usual practice of my personal information and police information to be used by police agencies and the ACIC for law enforcement, including purposes set out in the Australian Crime Commission Act 2002 (Cth).
- 10. I acknowledge that any information provided by me on this form relates specifically to my engagement within NSW Health.
- 11. I am aware that if any such records are identified, NSW Health may seek additional information relating to that record from sources such as courts, police, prosecutors and past employers
- 12. I understand that the purpose of seeking this information is to enable a full and informed employment risk assessment and that where other information is available, NSW Health will obtain that information for employment risk assessment purposes only.

Note: The information you provide on this form, will be used only for the purposes stated above, unless statutory obligations require otherwise.

Applicant's Name:	Signature:	Date:
Parent/Guardian Consent - If you are und	er 18 years of age, a parent or guardian must pro	ovide consent.
Parent / Guardian Details		
Name (printed in full):	Signature:	Date:



GENERAL INFORMATION - National Police Check Consent Form

National Police Check – Describes both: the checking process undertaken by the ACIC and police, and the result received by the accredited body. Commonly known as a 'police check'.

Australian Criminal Intelligence Commission (ACIC) – Australian Government agency responsible for facilitating access to national Police checks.

Personal Information – Information about you, including any information contained in your identity documents

Police Information - Information released as part of a national Police check.

What is a National Police Check (NPC)?

A national Police check is conducted with your informed consent to determine your suitability for employment, a position of trust or as required by legislation. A national Police check contains your personal information, and any relevant police information about you, according to the purpose of your national Police check.

PRIVACY NOTICE

How will my information be used?

The ACIC and Australian police agencies

The ACIC and Australian police agencies use the information on this form and the applicant's identity documentation:

- to disclose police information relating to you, to NSW Health.
- to update records held about you
- for law enforcement, including purposes set out in the Australian Crime Commission Act 2002 (Cth)

The employer - NSW Health

The accredited body or its legal entity customer uses the personal information collected in this form to request a national Police check and to assure itself of your identity.

You can contact NSW Health for more information on how they handle your personal information using the contact details at the end of this section

How is my national Police check result determined?

Police information is disclosed in accordance with applicable spent conviction legislation and information release policies of the Australian Government and state and territory governments.

These links may help you source information on spent convictions:

Australian Government www.legislation.gov.au **Australian Capital Territory** www.legislation.act.gov.au New South Wales www.legislation.nsw.gov.au www.legislation.nt.gov.au Northern Territory Queensland www.legislation.qld.gov.au South Australia www.legislation.sa.gov.au Tasmania www.thelaw.tas.gov.au Victoria www.police.vic.gov.au Western Australia www.legislation.wa.gov.au

How do I dispute my result?

If you do not agree with the results of your national Police check, contact NSW Health, using the contact details on page 1 or your employing organisation and tell them you want to dispute the result. NSW Health accepts and escalates all disputes.

Providing incomplete, false or misleading information

You must take reasonable steps to ensure you provide accurate, complete and up-to-date personal information. Withholding and/or providing misleading, or false information on this form is a Commonwealth offence and you may be prosecuted under the *Criminal Code Act* 1995 (Cth). If you become aware you have provided incorrect information you must contact NSW Health as soon as possible.

If you have any questions concerning this form, please contact Employment Screening and Review Unit, HealthShare NSW on 02 8848 5175 or hsnsw-esruenquiries@health.nsw.gov.au