



# South Australia Police National Police Check Application



\*DENOTES MANDATORY FIELD  
Enquiries: Information Services Branch (T) 08 7322 3347 - GPO Box 1539 Adelaide SA 5001

Government  
of South Australia

## CURRENT NAME

Family/Surname\*  (Single name only)

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Given Name(s)

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Middle Name(s)

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**PREVIOUS/OTHER NAME(S)** *(Note: if you have more than one previous name, please fill the sheet at the back of this form.)*

Specify Previous/Other Name Type:  Maiden  Previous  Alias

Family/Surname  (Single name only)

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Given Name(s)

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Middle Name(s)

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## ADDRESSES

Current Australian Residential Address\*

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Suburb/Town\*

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State\*

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Postcode\*

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Postal Address *(If different to your Current Australian Residential Address)*

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Suburb/Town

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State

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Postcode

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Previous Address

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Suburb/Town

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State

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Postcode

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## PLACE AND DATE OF BIRTH

Town/City\*

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State

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Country\*

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Date of Birth\* (DD/MM/YYYY)

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of South Australia

## CONTACT DETAILS

Home Telephone

Work Telephone

Mobile Telephone

## DRIVER'S LICENCE

Driver's Licence No.

State

## GENDER\*

Male  Female  Intersex

## PURPOSE OF CHECK\*

Position Title, Occupation or Position Being Sought

Proposed Place of Work (Name of Organisation or Type or Workplace)

Location of Employment (Town and State/Territory, or Country if Not Australia)

## Will you have contact with Vulnerable Groups?\*

Vulnerable groups are defined as:

a) an adult who is:

- (i) disadvantaged or in need of special care, support, or protection because of age, disability, or risk of abuse or neglect, or
- (ii) accessing a service provided to disadvantaged people

- Yes. I will have **unsupervised** contact with vulnerable groups.
- Yes. I will have **supervised** contact with vulnerable groups.
- No. I will **not have any contact** with vulnerable groups.

## CATEGORY\*

- Employment  Visa to Travel/Work Outside of Australia
- Probity  Licensing

## CHECK TYPE\*

- Individual (I)  Individual Concession (IC)
- VOAN Volunteer (VC)  Volunteer (VP)

## FINGERPRINTS (Only Livescan prints accepted)

Livescan Fingerprints required (additional fee)

Livescan Reference Number: \_\_\_\_\_

- NPC and Fingerprints must be paid for together.
- Livescan Reference number must be recorded on this form.
- Refer NPC FAQ's for Livescan locations and additional Fingerprint information.



**CONSENT**

- I certify that the applicant details I have provided on this form are true and correct. I hereby consent to the release of full details of any person history and any other relevant information including pending charges or outstanding warrants that any Australian State / Federal / Territory Police or Law Enforcement Agency may have in its possession with reference to me. I understand this may include any spent convictions if there is an applicable exclusion under Schedule 1 of the Spent Convictions Act 2009 or any interstate or federal spent or rehabilitated convictions (however described) under legislation of that State / Territory / Federal jurisdiction.
- I discharge and agree to indemnify and hold harmless the State of South Australia, each of the Australian States / Federal / Territory Police or Law Enforcement Agencies and their employees, servants and agents from and against all claims, demands, actions, law suits, proceedings, costs and damages whatsoever arising out of, or in any way connected with, the release or use of the information.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(if applicant is under 16 years of age)

**VOLUNTEER AUTHORITY - Appropriate Section Must Be Completed By Organisation**

**VOAN (Volunteer Organisation Authorisation Number)**

I declare the applicant named on this form is an unpaid VOAN volunteer and the fee is to be paid by the South Australian Government:

VOAN: \_\_\_\_\_ Organisation: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Authorised Officer's Name: \_\_\_\_\_ Position: \_\_\_\_\_

Authorised Officer's Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

--- OR ---

**VOLUNTEER (Reduced Fee)**

I declare the applicant named on this form is an unpaid volunteer and is eligible to pay the reduced fee:

Volunteer Organisation: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Authorised Officer's Name: \_\_\_\_\_ Position: \_\_\_\_\_

Authorised Officer's Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PROOF OF IDENTITY (100 Point ID - at least one form of ID from Category A required)**

The applicant is required to present **original ID documents** for certification. A photocopy of the documents **must be cited and provided with this application form**. Please provide ID in one name, otherwise a proof of name change (Marriage Certificate, Deed Poll etc.) is required.

CATEGORY A	POINT VALUE	CATEGORY B		POINT VALUE
<input type="checkbox"/> Passport (current or expired within 2 yrs but not cancelled) <input type="checkbox"/> Birth Certificate (not Extract) <input type="checkbox"/> Citizenship Certificate	70	<input type="checkbox"/> Public Service Employee ID Card <input type="checkbox"/> Tertiary Education ID Card <input type="checkbox"/> Firearms Licence <input type="checkbox"/> Mortgage Documents	<input type="checkbox"/> Centrelink Card <input type="checkbox"/> Veteran Affairs Gold Card <input type="checkbox"/> Security Licence (CBS) <input type="checkbox"/> Land Title Records	40
		<input type="checkbox"/> Proof of Age Card <input type="checkbox"/> Medicare Card <input type="checkbox"/> Council Rates Notice <input type="checkbox"/> Insurance Renewal (not Health Insurance) <input type="checkbox"/> Bank Statements (cannot be used if Credit/Bank/Debit card is from same account) <input type="checkbox"/> Bank/Credit/Debit Cards (maximum <u>two</u> cards from different institutions)	<input type="checkbox"/> Motor Vehicle Registration <input type="checkbox"/> Seniors Card <input type="checkbox"/> Electoral Enrolment Card <input type="checkbox"/> Rent Records (< 6 months old) <input type="checkbox"/> Proof of name Change (e.g. Deed Poll, Marriage Certificate) <input type="checkbox"/> Utility Accounts (only one < 6 months old)	
<input type="checkbox"/> Driver's Licence (including foreign licence) (current or expired within 2 yrs)	40			
Value of Points = _____				

**AUTHORISATION:**  SAPOL Employee  Justice of the Peace  Commissioner For Taking Affidavits (Tick appropriate box)

I have witnessed the applicant's signature and am satisfied as to the correctness of the applicant's identity as per the attached certified identification documentation.

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Fee Paid: (if applicable) \$ \_\_\_\_\_ Receipt Number: \_\_\_\_\_

**Please return authorised PD267 form to VOAN applicants for endorsement by VOAN organisation.**



