

Department for Communities and Social Inclusion

This form is to be completed by all paid employees, volunteers and students proposing to commence or continue work in child related employment.

Please read the following instructions before completing and lodging your form.

Only forms with original signatures will be accepted.

# Part A: Your Personal Details

- Make sure you include ALL current names, previous names and aliases, including maiden names and previous married names.
- Ensure that your date of birth is correct and expressed as DD/MM/YYYY.
- Include the city or town and country of your birth.
- Include all previous residential addresses at which you have lived in the last ten (10) years. If there is not enough space, please provide this information as an attachment.

# Part B: Declaration and Informed Consent

- Be sure to answer all the declaration questions. If you have answered "yes" to any questions, please provide additional information if necessary in a sealed envelope marked "CONFIDENTIAL" and attach to your form.
- Ensure that you have signed and dated your form to provide consent and that your name is recorded on the consent form the same as it is recorded on page
   If you are submitting more than one form, each form must be completely filled out and signed.

# Part C: Verification of Identity

- To process your application, the Screening Unit needs to be certain of your identity, and must make sure you have undergone a 100 point identification check.
- Ensure your identification is verified by an appropriate person. The details and original signature of the verifier need to be on the form.
- Further details on who can verify and how to complete this section are on the form.

# Part D: Employment Information

- This section is to be completed by the Requesting Officer at your work or volunteer organisation.
- Make sure that your Requesting Officer has provided a detailed description of the role you will be undertaking.

# **Payment Options**

### If you are required to pay:

Take your completed form to any Australia Post outlet.

# **POST** billpay<sup>®</sup>

### If your employer is paying for you:

Return your completed form to your requesting officer. They will forward your form to the Screening Unit.

# Cost (fees are GST inclusive.)- Please mark which category you are applying for:





If this section is not completed the Requesting Organisation will charged for an employee check.

### **Please Note:**

The Screening Unit is unable to receive payments via cash or cheque. Forms submitted without an approved form of payment will be returned to you unprocessed. You must pay through Australia Post or your employer must have a billing arrangement with the Screening Unit.

# FOR OFFICE USE ONLY

Date entered	
Entered by	
L clear:	1 <sup>st</sup> C clear:
CC clear:	2 <sup>nd</sup> C clear:
Dec: Yes / No	PA: Yes / No

#### Your Personal Details – YOU MUST INCLUDE YOUR FULL NAME **A1**

Title: Mr Mrs Ms Mis	ss 🗌 Dr 🗌 Othe	er (specify):		
Current Last name:			Student ID:	(where applicable)
Current First name:			Preferred name:	
Current Middle name(s):				
Gender: 🗌 Male 🗌 Female 🗌 Oth	er			
Date of birth:	(DD/MM/YYYY)	Town/city of	birth:	
State/Territory of birth:		Country of bi	rth:	
Do you identify as Aboriginal or Torres	s Strait Islander?	🗌 Yes 🔲 I	No	

#### **A2** Your previous names – YOU MUST INCLUDE ALL PREVIOUS NAMES

Include ALL names by which you have been known, eg aliases, maiden names, previous married names, deed poll. If there is insufficient space, please list them on a separate piece of paper and attach it to this document.

Last name:	First and Middle name(s):
Last name:	First and Middle name(s):
Last name:	First and Middle name(s):

#### **A3** Your current contact details

Unit No:	Street No:	Street Name:		
Suburb/town:		State:	Postcode:	
Period of residence:	From:	To:		
Telephone:	(H)	(W)	(M)	
Email address:				
Current postal address	s (if different from above):			

Suburb/town:	State:	Postcode:

#### **A4** Your previous residential addresses

Please record all previous residential addresses you have lived at over the last ten (10) years below, including overseas addresses. If there is insufficient space, please list them on a separate piece of paper and attach it to this document.

Previous residential ad	ddres	S:		
Unit No:		Street No:	Street Name:	
Suburb/town:			State:	Postcode:
Period of residence:	Fro	m:	То:	
Previous residential ad	ddres	s:		
Unit No:		Street No:	Street Name:	
Suburb/town:			State:	Postcode:
Period of residence:	Fro	m:	То:	
Version Date (C) 01/07/ Email: <u>screening@dcsi.</u>		DCSI Screening	Unit w	ww.dcsi.sa.gov.au/services/screening Page 2 of 7

B	1 Declaration	
1.	Have you ever been dismissed or resigned from any employment or a volunteer role in response to or following allegations of improper conduct relating to children?	☐ Yes ☐ No
2.	Have you ever submitted an application for employment or a volunteer role involving contact with children which was declined for disciplinary reasons or allegations of improper conduct?	☐ Yes ☐ No
3.	Have you been (or are you currently) the subject of any professional disciplinary proceedings, or any action that might lead to such proceedings in any jurisdiction? (not including criminal court proceedings).	Yes No
4.	Have you ever been (or are you currently) subject to any restrictions regarding your contact with children (including removal of a child) in any employment, volunteer, or personal capacity?	☐ Yes ☐ No
5.	Have you ever been found guilty of an offence committed in a country other than Australia, including an offence for which no conviction was recorded?	☐ Yes ☐ No
6.	Have you been named as the defendant in an Interim or Confirmed Intervention Order, Restraining Order, Apprehended Violence Order, Domestic Violence Restraining Order, Paedophile Restraining Order or equivalent, in any jurisdiction?	☐ Yes ☐ No
7.	Are you the subject of any criminal or traffic charges (not including parking or speeding infringements) that are still to be determined or finalised?	☐ Yes ☐ No
8.	Are you currently or have you ever been a registrable sex offender? (eg. Australian National Child Sex Offender Register)	☐ Yes ☐ No
9.	Have you ever been denied an employment screening clearance from another Australian jurisdiction?	☐ Yes ☐ No
B	2 Have you answered 'yes' to any of the questions above?	

If so, you must submit a summary of the circumstances surrounding the situation below. Your summary should include (as applicable) dates, decisions, reasons for the decision, conditions of employment, offence type and date, court details, and the status of proceedings. Attach a separate piece of paper to this form if you require more space. Alternatively, complete your summary separately, place it in a sealed envelope marked CONFIDENTIAL, and submit it with your application.

### B3 Consent to Obtain Personal Information

I,

hereby:

Current first name and middle name(s) (as on page 2)

Current last name (as on page 2)

- Declare that the personal information I have provided in this form relates to me, contains my full name and all names previously used by me, and is correct. Further, that I have read and complied with instructions provided on the 'How to Apply' section of the DCSI Screening Unit website;
- Acknowledge that the provision of false or misleading information may be an offence;
- Consent to the DCSI Screening Unit collecting information in this Form to provide to the CrimTrac Agency and the Australian police services;
- Consent to:
  - the CrimTrac Agency disclosing personal information about me to the Australian police services;
  - Australian police services disclosing to the CrimTrac Agency, 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
  - the CrimTrac Agency providing the information disclosed by the Australian police agencies to the DCSI Screening Unit, in accordance with the laws of the Commonwealth; and
- Consent to the DCSI Screening Unit obtaining ANY information from any police service, court, prosecuting authority or other authorised agency and for the police services, courts, prosecuting authority or other authorised agency to disclose to the DCSI Screening Unit ANY information, for the purposes of child-related employment screening;
- Accept that this information obtained may include but is not limited to details of convictions and pending or nonconviction charges or circumstances information relating to offences committed or allegedly committed by me, regardless of when and where the offence or alleged offence occurred, and what the outcome may have been;
- Consent to the DCSI Screening Unit accessing relevant information about me that may be held by agencies and administrative units of the South Australian Government and/or relevant registration bodies, which may include:
  - Care Concern Investigation records held by the DCSI;
  - Care Concern Investigation records and Child Protection records held by the Department for Education and Child Development.
- Consent to the DCSI Screening Unit:
  - utilising any of the information described above about me or provided by me on this form to assess any risk I
    may pose in the event I am engaged to work or volunteer in a child related environment;
  - providing advice that may include any information about me described in an assessment indicating any risk of harm I may pose if engaged to work or volunteer in a child related environment to my requesting organisation or another entity seeking the assessment on behalf of that organisation; and
  - providing relevant criminal history information to the requesting organisation or another entity seeking the assessment on behalf of that organisation where permitted by the CrimTrac Agency to do so.
- Accept that the requesting organisation and, where applicable, the relevant government supervisory agency, shall make the final determination as to my engagement in the position to which this application relates; and
- Consent to the DCSI Screening Unit reassessing the risk assessment pertaining to me upon receipt of new or additional information, and to the DCSI Screening Unit disclosing details of any reassessed risk assessment to my employer or any relevant government supervisory agency;
- Consent to my personal information being disclosed to police services for their respective law enforcement

### purposes, including the investigation of any outstanding criminal offences;

• Accept that Spent Convictions legislation (however described) in the Commonwealth and many States and Territories protects spent convictions from disclosure, and understand that the position/entitlement for which I am being considered may be in a category for which exclusions from Spent Convictions legislation may apply.

Signature	of Applicant
Olghataic	or Applicant

Date

Signature of Parent/Guardian (where applicant is under 18)

Date

### C1 100 Point Identification Check

You must provide proof of your identity before your application can be processed. You must show a verifying officer personal identity documents that add up to at least 100 points. You must use ONE Category A document or ONE Category B document which MUST contain a photograph. Aboriginal applicants from remote communities or recent migrants to Australia may use identity documents detailed below.

Category	Туре	of Document	Value	Points
Category A		Birth certificate		
70 points		Citizenship certificate	70	
Only one document from this category will be accepted.		International travel document (eg. passport)		
Category B Documents		Australian driver's licence	40	
Your initial Category B		Department of Veterans' Affairs (DVA) card	τu	
document is worth 40 points.		Centrelink card	or	
Subsequent documents are				
worth 25 points.		Government employee identification card	25	
		Tertiary student identification card		
		Secondary student identification card		
		Australian licence or permit (please specify)		
Category C Documents		Medicare card		
25 points		Seniors card	25	
If you wish to use more than one Category C document,		Proof of age card		
they must be from different		International Driver's Licence		
organisations.		Bank or credit card		
		Utilities notice		
		must equal or be more than 100 Points	TOTAL	

For **Aboriginal Applicants** who reside in remote or isolated locations, apart from the standard identity items above, there is an added option of two letters of verification provided by Community Leaders (recognised as leaders of the community which the applicant belongs). Each verification scores 50 points.

For **immigrant or foreign visitor (arrival within the past six weeks):** proof of arrival date and current passport will be accepted.

For **applicants under 18**: One category A Document or Statement from an educational institution, signed by the principal or deputy principal, confirming that the child attends the institution (statement must be on the institution's letterhead)

### C2 Verifying Officer Declaration and Details

I declare that I have sighted and confirmed the applicant's original or certified true copy personal identity documents and that verification has been achieved using the 100 point check. I am satisfied as to the correctness of the applicant's identity. I have confirmed that I meet the requirements for a verifying officer as set out on the DCSI website.

FULL Name of app	olicant as per identif	fication:		
Name of verifying officer:			ID Number:	
Position:		Organisation:		
Telephone:	(W)	(M)		
Email address:				
Signature:	Signature:			
D1 Requesting Organisation				
Name of Organisa	tion:			
Business Address				
Suburb/town:		State:	Postcode:	
		······	<u>.</u>	

### D2 Employment Details

If the applicant is a prospective employee, on what date is he or she proposed to commence employment *(DD/MM/YYYY)*:

### **ROLE DESCRIPTION:**

THIS FORM WILL BE RETURNED IF INSUFFICIENT DETAIL IS PROVIDED IN THIS SECTION Please describe the applicant's role and prospective duties:

D3 Requesting	g Officer/Contact Persor	1	
Tick if Requesting Officer is the same person as the Verifying Officer:			
Title: 🗌 Mr 🗌 Mrs	🗌 Ms 🗌 Miss 🗌 Dr 🗌 C	Other (specify):	
Name:			ID Number:
Position:			
Telephone:	(W)	(M)	
Email address:			
Alternate contact:			
Alternate contact ema	ail address:		

Screer	ing Unit Contact Details
Post:	DCSI Screening Unit GPO Box 292 ADELAIDE SA 5001
Phone:	1300 321 592
Fax:	1300 669 622
Website	www.dcsi.sa.gov.au/services/screening
Email:	screening@dcsi.sa.gov.au

If you call or email the Screening Unit to check on the status of an application, an identification check will be conducted before discussing applications due to confidentiality requirements.

All queries relating to your application submitted via email should include:

- A clear outline of your enquiry;
- your full name, including ALL given names;
- your date of birth expressed DD/MM/YYYY; and
- your current residential address.

### **Interpreting Assistance**

If you are from a culturally or linguistically diverse background and require assistance completing this form, the DCSI Interpreting and Translating Centre may be able to assist you.

For booking beyond 48 hours send an email to <u>itc@sa.gov.au</u> or call **1800 280 203**.