

South Australia Police National Police Check Application



Government of South Australia

The attached form is an application for a National Police Check with South Australia Police.

If you are applying for an Australian visa for immigration purposes, or seeking employment with a Commonwealth Government Agency, you must apply through the <u>Australian Federal</u> <u>Police</u>. SAPOL cannot process these applications.

If you are applying to become an accredited passenger vehicle driver, you must apply through the <u>Department of Planning</u>, <u>Transport and Infrastructure Accreditation and Licensing Centre</u>. SAPOL cannot process these applications.

When providing proof of identification under multiple names (including married names, change of name) you MUST provide proof of name change, otherwise the application cannot be processed. Examples include: Marriage Certificate, Change of Name Certificate or Deed Poll.



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Please use blue or black pen and print clearly in BLOCK letters. *DENOTES MANDATORY FIELD Enquiries: Information Services Branch (T) 08 7322 3347 - GPO Box 1539 Adelaide SA 5001

Government of South Australia

| | APPLICANT DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Current Residential Address* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| C | CATEGORY* Employment/Probity/Licen Visa | | | | | | | | | nsin | 9 | Working with Children/Vulnerable Groups | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHECK TYPE* Individual (I) VOAN Volunteer (VC) | | | | | | | | |] | Individual Concession (IC) Volunteer (VP) Core Check (CR) Government (EG) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Liv | 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. This includes any spent or rehabilitated convictions (however described) under State / Territory / Federal Legislation. | | | | | | | | | | | | | | | |
| • 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: (if applicant is under 16 years of ag | | | Date:/ // | | | | | | | | | | | | |
| VOLUNTEER AUTHORITY | Appro | priate Section Must Be Completed B | y 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: | 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) | | | | | | | | | | | | | | | |
| Applicant to present original ID documents + photocopy for certification. Please provide ID in one name otherwise proof of name change is required (i.e. Marriage Certificate, Deed Poll). | | | | | | | | | | | | | | | |
| CATEGORY A | POINT VALUE | CATEGORY | ΊВ | POINT VALUE | | | | | | | | | | | |
| Passport (current or expired | | Public Service Employee ID Card | Centrelink Card | | | | | | | | | | | | |
| within 2 yrs but not cancelled) | | Tertiary Education ID Card | Veteran Affairs Gold Card | 40 | | | | | | | | | | | |
| Birth Certificate (not Extract) | 70 | Firearms Licence | Security Licence (CBS) | 35 | | | | | | | | | | | |
| Citizenship Certificate | | Mortgage Documents | Land Title Records | 30 | | | | | | | | | | | |
| Driver's Licence (including | | Proof of Age Card Medicare Card | Motor Vehicle Registration Seniors Card | | | | | | | | | | | | |
| foreign licence) (current or expired within 2 yrs) | 40 | Council Rates Notice | Electoral Enrolment Card | | | | | | | | | | | | |
| | | Insurance Renewal (not Health Insurance) | Rent Records (< 6 months old) | 25 | | | | | | | | | | | |
| Value of Points = | Proof of name Change (e.g. Deed Poll, Marriage Certificate) | | | | | | | | | | | | | | |
| | | Credit/Bank/Debit card is from same account) Bank/Credit/Debit Cards (maximum two cards from different institutions) | Utility Accounts (only one < 6 months old) | | | | | | | | | | | | |
| (Cheques made payable to 'S | A Police | | | | | | | | | | | | | | |
| AUTHORISATION: SA | POLEN | IPLOYEE 📕 JUSTICE OF THE PE | ACE (Tick appropriate b | ox) | | | | | | | | | | | |
| I have witnessed the applicant's signer the attached certified identificat | | nd am satisfied as to the correctness of the app nentation. | licant's identity as | | | | | | | | | | | | |
| | Name: ID Number: Signature: or JP | | | | | | | | | | | | | | |
| Date: / / Fee | e Paid: (if a | applicable) \$ Receipt Number: | STAM | / | | | | | | | | | | | |
| | | OAN applicants for endorsement by VOAN o | | | | | | | | | | | | | |