

Informed Consent Form

DCSI Screening Unit

Child-related Employment Screening



Government of South Australia
Department for Communities
and Social Inclusion

Forms lodged at Australia Post will incur a \$62.20 fee (GST incl.) for paid employees and a \$42.40 fee (GST incl.) for volunteers.



Failure to complete your form in accordance with instructions may result in your form being returned.



*2861 A1 AUSTRALIA POST 01 – VERSION A1

Part A: Your Personal Details

Title:	
Last name:	Student ID: <i>(where applicable)</i>
First name(s):	Preferred name:
Previous names: <i>(include ALL names by which you have been known, eg a maiden name, deed poll changes, aliases)</i>	
Last name:	First name(s):
Last name:	First name(s):
Last name:	First name(s):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of birth:	Town/city of birth:
State of birth:	Country of birth:
Passport No:	Country of issue:
Driver's Licence No:	State of issue:
Are you (or do you identify as) Aboriginal or Torres Strait Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Current residential address:		
Suburb/town:	State:	Postcode:
Period of residence:	From:	To:
Telephone:	(H)	(W) (M)
Email address:		
Current postal address (if different from above):		
Suburb/town:	State:	Postcode:

Current Employer/Contractor:	<i>(Govt contractors only)</i>
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DCSI Screening Unit use only	
Date entered:	Entered by:
L clear:	C clear:
CC clear:	2 nd :

Previous Addresses

- Please record any previous permanent residential addresses over the **last ten (10) years** in the space provided below, including overseas addresses. If there is insufficient space, please list them on a separate piece of paper and attach it to this document.
- If you have been a citizen or a permanent resident of a country/countries other than Australia since turning 18 years of age, you may be asked to provide further information or sign a statutory declaration about your criminal history during this period.

Previous residential address:		
Suburb/town:	State:	Postcode:
Period of residence:	From:	To:

Previous residential address:		
Suburb/town:	State:	Postcode:
Period of residence:	From:	To:

Part B: Declaration and Informed Consent

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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).	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you been named as the defendant in an Interim or Confirmed Intervention Order, Restraining Order, Apprehended Violence Order or Domestic Violence Restraining Order, or equivalent, in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is your Driver's Licence subject to any current restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you answered "yes" to any of the questions above?

If so, please submit a detailed summary of the circumstances surrounding the situation with your application. This should include dates and, where applicable, the reasons for the decision, conditions of employment, offence type and date, the court in which the matter was heard, and the status of any proceedings. Place this in a sealed envelope marked "confidential" attach it to your completed Consent Form, and address it to the **Manager, DCSI Screening Unit, GPO Box 292, Adelaide, SA, 5001.**

Consent to Obtain Personal Information

I, _____, hereby:

First name (as on page 1)

Last name (as on page 1)

1. **Declare** that I am the applicant named on this form. All information and identification documents provided for this application are true and correct.
2. **Accept** that providing false or misleading information may be an offence.
3. **Certify** that I have not omitted any names or aliases that I have used in the past;
4. **Declare** that I have read the contents of this Form, and the instructions provided on the How to Apply Section of the DCSI Screening Unit website (paper copies available on request);
5. **Consent** to the DCSI Screening Unit collecting information in this Form to provide to the CrimTrac Agency and the Australian police services;
6. **Consent** to:
 - a. the CrimTrac Agency disclosing personal information about me to the Australian police services;
 - b. 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
 - c. 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;
7. **Consent** to the DCSI Screening Unit obtaining ANY information from any police service, court, prosecuting authority or other authorised agency and for the police service, courts, prosecuting authority or other authorised agency to disclose to the DCSI Screening Unit ANY information, for the purposes of child-related employment screening;
8. **Accept** that this information obtained may include but is not limited to details of convictions and pending or non-conviction 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;
9. **Consent** to the DCSI Screening Unit:
 - a. accessing relevant information that may be held by the South Australian Government;
 - b. utilising the information provided by me on this Form, and information provided by the Australian police services, the CrimTrac Agency, and the South Australian Government, to assess any risk I may pose in the event I am engaged to work or volunteer where children are present;
 - c. providing details of that risk assessment, including any pertinent information, to the requesting organisation and any relevant government supervisory agency; and
 - d. providing relevant criminal history information to the requesting organisation where permitted by the CrimTrac Agency to do so. In relation to criminal history information obtained from other jurisdictions, the DCSI Screening Unit will only disclose information about convictions or findings of guilt by a court.
10. **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
11. **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;
12. **Consent** to my personal information being disclosed to police services for their respective law enforcement purposes, including the investigation of any outstanding criminal offences;
13. **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; and
14. **Discharge and agree to indemnify** and hold harmless the State of South Australia, officers of the CrimTrac Agency, all Australian police agencies and the Commonwealth, States and Territories of Australia, its servants and agents against all actions, suits, proceedings, causes of actions, costs, claims and demands whatsoever which may be brought or made against it or them by me or by any body or person by reason of or arising out of the release of any information obtained about me for the purposes of child-related employment screening.

Signature of applicant

Date

Name and signature of parent/guardian

Date

(where applicant is under 18)

Part C: 100 Point Identification Check

The verifying officer must sight original documents. The Screening Unit does not require photocopies.

Category A (70 points) only one of these documents can be accepted

<input type="checkbox"/> Birth certificate <input type="checkbox"/> Citizenship certificate <input type="checkbox"/> International travel document <i>This may be a current passport, or an expired passport which has not been cancelled and was current within the preceding 2 years.</i>	Number:	Points
	Country of Issue:	
	Expiration Date:	

Category B (the first document **ONLY 40 points**, subsequent documents **25 points**)

<input type="checkbox"/> Australian driver's licence <input type="checkbox"/> Australian licence or permit (please specify) <input type="checkbox"/> Department of Veterans' Affairs (DVA) card <input type="checkbox"/> Centrelink card <input type="checkbox"/> Government employee identification card <input type="checkbox"/> Tertiary student identification card <input type="checkbox"/> Secondary student identification card	Number:	Points
	State of Issue:	
	Issuer:	
	Expiration Date:	

Category C (25 points, tick twice if more than one credit card or utilities notice has been sighted)

<input type="checkbox"/> Medicare card <input type="checkbox"/> Seniors card <input type="checkbox"/> Proof of age card <input type="checkbox"/> International Driver's Licence <input type="checkbox"/> Credit card, savings account card (if more than one card, they must be from different institutions) <input type="checkbox"/> Utilities notice (eg water rates, electricity, gas or telephone account)	Points
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TOTAL POINTS _____

Verification of Identity

- I am a responsible manager within the requesting organisation, a Justice of the Peace, or Commissioner for taking affidavits (solicitor, barrister, or proclaimed police officer).
- I have viewed the **original** documentation provided by the applicant which complies with the 100 point check requirements under the *Financial Transactions Reports Act 1988* (Cth).
- I confirm that the information provided by the applicant in this form is accurate, legible and corresponds with the original identification documents provided.
- I have sighted the **original** identification provided by the applicant and verify that the person referred to in these documents is the applicant who has signed page 3 of this Informed Consent Form.
- I have viewed change of name documentation provided by the applicant (where applicable).

Name of applicant:		
Name of verifying officer:		ID Number:
Position:	Organisation:	
Business Address:		
Suburb/town:	State:	Postcode:
Telephone:	(W)	(M)
Email address:		
Signature of verifying officer:		Date:

