

Screening and Licensing Branch Informed Consent Form



Government of South Australia

Department for Families
and Communities

CONFIDENTIAL

- Please print this form double sided, if available
- Only original signed forms can be accepted
- Forms will not be accepted unless all sections have been completed
- Please refer to the Informed Consent Form Guidelines before completing this form

SECTION A: Personal Details of Applicant *(to be completed by Applicant)*

Title: <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Professor <input type="checkbox"/> Other <i>(please specify):</i>	
Family Name:	Student ID <i>(if applicable):</i>
Given Name(s):	Preferred Name:
Previous Name(s): <i>(include ALL other names, ie maiden name, changes by deed poll, alias names)</i>	
Family Name:	Given Name(s):
Family Name:	Given Name(s):
Family Name:	Given Name(s):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:	Town of Birth:
State of Birth:	Country of Birth:
Passport number:	Country of Issue:
Driver's Licence number:	State/Territory of Issue:
Are you (or do you identify as) Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**** Clearance letters and other correspondence will be sent to the current postal address**

Current Residential Address:		
Suburb/Town:	State:	Postcode:
Period of Residence:	From:	To:
Telephone (H):	(W):	(M):
Email Address:		

Current Postal Address <i>(if different from above):</i>		
Suburb/Town:	State:	Postcode:

- Please record all of your previous permanent residential addresses over the last five 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 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 (1):		
Suburb/Town:	State:	Postcode:
Period of Residence:	From:	To:

Previous Residential Address (2):		
Suburb/Town:	State:	Postcode:
Period of Residence:	From:	To:

SECTION B: Declaration and Informed Consent *(to be completed by Applicant)*

1.	Have you ever been dismissed or resigned from any employment or volunteer role in response to or following allegations of improper conduct relating to a child or vulnerable adult in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever submitted an application for employment or a volunteer role which involves contact with children or vulnerable adults which has been declined for disciplinary reasons or due to allegations of improper conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever been (or are you currently) the subject of professional disciplinary proceedings or any action that might lead to such proceedings in any jurisdiction? (This does not include criminal court proceedings.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been (or are you currently) the subject of any conditions regarding your contact with children or vulnerable adults in any employment or volunteer role?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you ever been found guilty of an offence committed in any country other than Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	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

Have you answered “yes” to any of the above questions?

If so, please provide with your application a detailed summary of the circumstances surrounding the situation, including dates and where applicable reasons for the decision, conditions of employment, offence type and date, court and status of the proceedings.

All responses should be placed in a sealed envelope marked “confidential” and addressed to the Manager, Screening and Licensing Branch and be attached to this Consent Form.

Consent to Obtain Personal Information

(PARTIAL EXCLUSION)

I, hereby:
Given names (current) **Family name (current)**

1. **Acknowledge** that I have read the Informed Consent Form Guidelines provided with this Form;
2. **Acknowledge** that I have read the Spent Convictions Schemes section of the Informed Consent Form Guidelines and understand that Spent Convictions legislation (however described) in the Commonwealth and many States and Territories protects “spent convictions” from disclosure;
3. **Understand** that the position/entitlement for which I am being considered is in a category for which a PARTIAL exclusion has been granted from the application of the Spent Convictions legislation and that “spent” convictions and findings of guilt relating to me of a type listed below will be released;

Serious offences, sexual offences, offences against the person, for which an exclusion has been granted in respect to my application for employment/engagement in positions/occupation involving the care, instruction or supervision of vulnerable persons (including children, aged persons, and the disabled).

4. **Certify** that I have fully completed this Form, and the personal information I have provided in it relates to me, contains my full name and all names previously used by me, and is correct;
5. **Consent** to the Department for Families and Communities (“the Department”) disclosing personal information about me from this Form to the CrimTrac Agency and the Australian police services;
6. **Consent** to:
 - i the CrimTrac Agency disclosing personal information about me to the Australian police services;
 - ii the 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
 - iii the CrimTrac Agency providing the information disclosed by the Australian police services to the Department in accordance with the laws of the Commonwealth;
7. **Consent** to the Department accessing Child Protection Information held by the Department and other relevant information as described in the Informed Consent Form Guidelines provided with this Form, for the purpose of assessing my suitability for engagement to work with children and vulnerable adults;
8. **Acknowledge** that any information provided by me on this Form, or by the Australian police services, may be taken into account by the Department in assessing my suitability for engagement to work with children and vulnerable adults;
9. **Acknowledge** that, where the Department provides personnel screening services to other responsible organisations within South Australia, the Department will provide advice of an assessment of my suitability for work (paid or unpaid) to that organisation.

.....
Signature of Applicant

.....
Date

NOTE: The information you provide in this Form, and which the CrimTrac Agency provides to the Department on receipt of the Form, will be used only for the purpose described in this Form unless statutory obligations require otherwise.

SECTION C: 100 Point Identification Check *(to be completed by Verifying Officer)*

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>* a current passport</i> <i>* expired passport which has not been cancelled and was current within the preceding 2 years</i>	Number: Country of Issue: Expiry Date:
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Category B (40 points) – (first document is worth 40 points, subsequent documents are worth 25 points)

<input type="checkbox"/> Australian Driver's licence <input type="checkbox"/> Australian licence or permit (<i>please specify</i>): <input type="checkbox"/> Proof of age card <input type="checkbox"/> Department of Veteran Affairs (DVA) card <input type="checkbox"/> Centrelink card <input type="checkbox"/> Government employee identification card <input type="checkbox"/> Tertiary student identification card	Number: State of Issue: Expiry Date: Govt Agency: Education facility:
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Category C (25 points)

<input type="checkbox"/> Medicare card <input type="checkbox"/> Credit card/savings account card (<i>if more than one card, they must be from different financial institutions</i>) <input type="checkbox"/> Utilities notice (ie, Water rates, Electricity, Gas or telephone account)
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*** Please refer to the Informed Consent Form Guidelines for further identification options and instructions*

Verification of identity

- I am a Manager within the South Australian Public Service or another organisation, a Justice of the Peace or Commissioner for taking Affidavits (Solicitor, Barrister or Proclaimed Police Officer).
- I have viewed 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 original identification documents provided.
- I have viewed change of name documentation provided by the applicant (if applicable)
- 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.

Details of Verifying Officer

Title: <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Professor <input type="checkbox"/> Other (<i>specify</i>):			
Name:		ID No:	
Position Title:		Organisation:	
Business Address:			
Suburb/Town:		State:	Postcode:
Telephone Number:	Business:	Mobile:	
Email Address:			
Signature of Verifying Officer:			Date:

SECTION D: Employment information *(to be completed by Requesting Officer)*

NAME OF REQUESTING ORGANISATION:

THE REQUESTING ORGANISATION IS: Government Non-Government

THE APPLICANT IS:

- | | |
|---|--|
| <input type="checkbox"/> Current employee | <input type="checkbox"/> Prospective Adoptive parent applicant |
| <input type="checkbox"/> Applicant for employment | <input type="checkbox"/> Student |
| <input type="checkbox"/> Current volunteer | <input type="checkbox"/> Contractor/Agency Staff |
| <input type="checkbox"/> Applicant for volunteer role | <input type="checkbox"/> Other <i>(please specify)</i> : |

TITLE AND NATURE OF APPLICANT'S ROLE FOR WHICH THIS CHECK IS BEING CONDUCTED:

APPLICANT'S ROLE INVOLVES: *(Please indicate all relevant categories - can be more than one)*

- | | |
|--|---|
| <input type="checkbox"/> Working with Children | <input type="checkbox"/> General Employment |
| <input type="checkbox"/> Working with Vulnerable Adults | <input type="checkbox"/> Adoption |
| <input type="checkbox"/> Working with Aged Care | |
| <input type="checkbox"/> Other <i>(please specify)</i> : | |

Details of Requesting Officer – Clearance email notifications will be returned to this person

Title: <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Professor <input type="checkbox"/> Other <i>(specify)</i> :			
Name:		ID No:	
Position Title:		Organisation:	
Business Address:			
Suburb/Town:		State:	Postcode:
Telephone Number:	Business:	Mobile:	
Email Address:			
Signature of Requesting Officer:			Date:

Screening and Licensing Branch Contact Details

Requesting Officers to send completed Informed Consent Forms or other correspondence to:

Department for Families and Communities
Screening and Licensing Branch
GPO Box 292
ADELAIDE SA 5001

or

Department for Families and Communities
Screening and Licensing Branch
Level 4, 44 Pirie Street
ADELAIDE SA 5000

If you have any queries please do not hesitate to contact the Screening and Licensing Branch on 1300 321 592 or email screening@dfc.sa.gov.au