

South Australia Police NATIONAL POLICE CHECK APPLICATION

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 No.: _____

- - - OR - - -

VOLUNTEER (Reduced Fee)
(For unpaid work for an organisation without a Volunteer Organisation Authorisation Number - VOAN)

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

Volunteer Organisation: _____ Date: ____ / ____ / ____

Authorised Officer's Name: _____ Position: _____

Authorised Officer's Signature: _____ Phone No.: _____

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 stapled to this application form**.

| CATEGORY A | POINT VALUE | CATEGORY B | POINT VALUE |
|---|-------------|---|-------------|
| <input type="checkbox"/> Passport (current or expired within 2 years 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 | 40 |
| | | <input type="checkbox"/> Centrelink Card <input type="checkbox"/> Veteran Affairs Gold Card <input type="checkbox"/> Security Licence (CBS) | 35 |
| <input type="checkbox"/> Drivers Licence (including foreign licence) (current or expired within 2 years) <input type="checkbox"/> Proof of Age Card | 40 | <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) | 25 |
| | | <input type="checkbox"/> Motor Vehicle Registration <input type="checkbox"/> Seniors Card (not a concession 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 account (only one < 6 months old) | |
| Value of Points = _____ | | | |

AUTHORISATION **SAPOL Employee** **Justice of the Peace** **Commissioner For Taking Affidavits** (please tick)

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 No.: _____ Signature: _____
Date: ____ / ____ / ____ Fee Paid: (if applicable) \$ _____ Receipt No.: _____

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

