DEPARTMENT OF HEALTH

Conviction Check Consent – Licensing

**For** licencing under the ***Health Services Establishment Act 2016*** and ***Ambulance Act 1982 (NEPT Regulations 2019)***only– for use by **Regulation, Licensing and Accreditation Unit.**

This form supports the Department to request a *Conviction Check Results Report* from the Australian Criminal Intelligence Commission (ACIC). All fields must be completed to support ACIC to provide the Department with an accurate report. This form and associated documentation are to be stored securely, and confidentially maintained, in accordance with the *Personal Information Protection Act 2004* and other relevant legislation and directives.

# Section 1 – Personal Details (To be completed by the applicant)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname | |  | | |
| Given Names – first, middle | |  | | |
| Previous Surnames – maiden, married, alias | |  | | |
| Previous Given Names – first, middle, alias | |  | | |
| Gender | | Female  Male  Other: | | |
| Date of Birth | |  | | |
| Place of Birth – suburb, state and country | |  | | |
| Current Address – include postcode | |  | | |
| Previous Address – include postcodes. Complete if lived less than 5 years at current address. | |  | | |
| Drivers Licence No. |  | | Issuing State/Jurisdiction |  |
| Firearms Licence No. |  | | Issuing State/Jurisdiction |  |
| Passport No. |  | | Issuing Country/Jurisdiction |  |

Alongside the above information, the Department requires Evidence of Identity. Refer to Section 3 and Appendix 1.

|  |  |
| --- | --- |
| Have you been a citizen or permanent resident of a country other than Australia after the age of 16? | No  Yes (*Also complete* [*Statutory Declaration Conviction Check*](http://www.dhhs.tas.gov.au/intranet/scwr/human_resources/managing_positions,_recruitment_and_employment/recruitment/pre-employment_requirements/conviction_checks)*)* |

## Individual Declaration

I certify that the information provided above and the Evidence of Identify provided to the Department are true and correct. I consent to the release of Police History Information (PHI) recorded against my name/s to the Department by the ACIC, all police jurisdictions, and all servants and agents of these bodies. In agreeing to the release of my PHI:

I indemnify these bodies against all causes of action, including all costs, claims and/or demands that may be made as a result of the release of PHI related to, or purporting to relate to me.

I agree that I will inform the Department if I am convicted of any offence during my employment.

I understand that this form and all associated documentation will be filed and may be used for reporting purposes, or any other purpose relevant to my employment/engagement.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature – must be physically signed |  | **Date** |  |

# Section 2 – Applicant Details (To be completed by Regulation, Licensing and Accreditation Manager)

|  |  |  |  |
| --- | --- | --- | --- |
| Company |  | **Position / Title** |  |

## Cost Code (All fields must be filled in)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 8 | 7 | 0 | 5 | 1 | 0 | 2 | 6 | 9 | 0 | 6 | 1 | 0 | 8 | 5 | 0 | 2 |

## Check Type Required

| **Annulled Police Certificate** – select one |
| --- |
| *Health Service Establishments Act 2006*  *Ambulance Service Act 1982 (NEPT Regulations 2019)* |

# Section 3 – Evidence of Identification (To be completed by the individual and manager)

At least one MUST include a photo and the relevant manager MUST sight all identification before this form is submitted. Refer to Appendix 1 for guidance.

|  |  |  |
| --- | --- | --- |
| **Evidence of Identity Type** | **Reference Description** | **Reference Number** |
| Commencement Document |  |  |
| Primary Document |  |  |
| Secondary Document 1 |  |  |
| Secondary Document 2 |  |  |

## Manager Declaration

I certify that the information above and the provided Evidence of Identify are true and correct.

I understand that this information will be provided to ACIC to support a Conviction Check being undertaken.

|  |  |  |  |
| --- | --- | --- | --- |
| Manager’s Signature – must be physically signed |  | **Date** |  |

# Contacts

|  |  |
| --- | --- |
| Relevant Manager – include full name |  |
| Check Report to be sent to (If different to relevant manager. Include full name) |  |
| Recruitment Officer/Contact Person |  |

# What’s next

Manager to check that form is fully completed and send to: [health.checks@health.tas.gov.au](mailto:health.checks@health.tas.gov.au). Incomplete forms will be returned.

Allow a minimum of two weeks for the *Conviction Check Results Report* to be returned by ACIC.

# Appendix 1: Evidence of Identity Guidance

The following types of identification are required to support the ACIC to undertake an accurate Conviction Check:

One commencement document (this confirms birth or arrival in Australia)

One primary form of identification

Two secondary forms of identification

Refer to the [ACIC website](https://www.acic.gov.au/our-services/national-police-checking-service/i-need-check-myself#accordion-5) for further information about eligible types of identification (<https://www.acic.gov.au/our-services/national-police-checking-service/i-need-check-myself#accordion-5>)