



NATIONAL POLICE CHECK (NPC) APPLICATION FORM

Website: www.afp.gov.au Telephone: 02 6102 6102 Fax: 1300 549 456
Email: AFP-NationalPoliceChecks@converga.com.au ABN: 17 864 931 143
Office Hours: 8am to 5pm, Monday to Friday (except A.C.T Public Holidays)

FOR OFFICE USE ONLY

- Payment
 Consent
 Proof of IDs
 Mandatory Details
 Fingerprints (attached)
 Fingerprints (paid)

Ref No:

Notes:

Please complete this form by referring to the Application Completion Guide. If completing manually, use **BLOCK LETTERS** and **black ink**. Mark check boxes with a cross (X).

SECTION 1: Type of check required

(this section must be completed - select only one)

- Name Check Only (Fee: \$42) Name and Fingerprint Check (Fee: \$99 if fingerprints are taken and paid, \$139 if not paid)

SECTION 2: Fingerprints (Optional)

(complete only where fingerprints are required and/or authorised by law)

Please note that a fingerprint check is only required under very limited circumstances. Please ensure that you are actually required to have a fingerprint check conducted before going to the expense of this level of check by checking with the organisation/department requesting the check.

Note: Fingerprints can be taken by your local police jurisdiction or the AFP. Where fingerprints are taken by the AFP and the AFP charges for this service a receipt must be obtained and supplied to Criminal Records with this application.

Fingerprint Type: (select only one) Ink Livescan

Date Taken: (DD MM YYYY)

Police Station: Officer's Name & No: Ref No:

SECTION 3: Details of Applicant

(this section must be completed)

Family Name / Surname :

First Name / Given Name:

Other Given Names:

Date of Birth: (DD MM YYYY) Male Female

Were you born in Australia?

Yes ▶ Suburb / Town of Birth: State:

No ▶ Country of Birth:

Daytime Contact Number:

Email Address (optional):

Australian Driver's Licence No: Issuing State:

SECTION 4: Other names you have used

(including former, maiden name/s etc)

Former Name Also known as Date of Birth: (DD MM YYYY)

Family Name / Surname :

First Name / Given Name:

Other Given Names:

Former Name Also known as Date of Birth: (DD MM YYYY)

Family Name / Surname :

First Name / Given Name:

Other Given Names:

Note: If you need to record additional names please use Attachment B.

SECTION 8: Purpose of Check

(Choose one purpose only from the following list)

If the purpose for your NPC is not listed or you are unsure please call the National Police Check Help Desk on 02 6102 6102 between 8am and 5pm (Australian EST).

Code Number	A.C.T. Purpose / Employment	Offences recorded in the A.C.T. that will be released (Spent Convictions Act 2000)
<input type="checkbox"/> 10	Aged Care provider/worker	All offences
<input type="checkbox"/> 11	Brothel or Escort Agency Owner/Operator/Interested party	All offences
<input type="checkbox"/> 12	Child Care provider/worker	All offences
<input type="checkbox"/> 13	Disabled Care provider/worker or Hospital Employment	All offences
<input type="checkbox"/> 15	Fire fighting/prevention	Unspent offences and Arson or Attempted Arson offences
<input type="checkbox"/> 16	Firearms Licence/permit	All offences
<input type="checkbox"/> 17	Interactive Gambling Licence/Casino Employee	All offences
<input type="checkbox"/> 18	Judge/Magistrate/Justice of the Peace/ Police Officer/Prison Officer	All offences
<input type="checkbox"/> 19	Child/Aged/Disabled Care provider/worker	All offences
<input type="checkbox"/> 20	Working in a School	All offences
<input type="checkbox"/> 21	Teacher/teacher's aide	All offences
<input type="checkbox"/> 30	Pre employment/standard disclosure	Unspent offences

Code Number	Commonwealth Purpose / Employment	Offences recorded in the Commonwealth that will be released (Part VIIC Crimes Act 1914)
<input type="checkbox"/> 22	Aged Care staff/volunteers	Unspent offences and offences against the person
<input type="checkbox"/> 23	Aged Care Key Personnel	Unspent offences
<input type="checkbox"/> 24	Australian Securities and Investments Commission (ASIC) employee/consultant	All offences
<input type="checkbox"/> 25	Australian Securities and Investments Commission (ASIC) Consumer Credit/Financial Services Licensing Requirements	Unspent offences
<input type="checkbox"/> 26	AUSTRAC employee/consultant	All offences
<input type="checkbox"/> 27	Care of intellectually disabled persons	Unspent offences and offences against the person
<input type="checkbox"/> 28	Care, instruction or supervision of children	Unspent offences (a) a sexual offence; or (b) any other offence against the person if the victim of the offence was under 18 at the time the offence was committed
<input type="checkbox"/> 29	CASA ASSC	Unspent offences
<input type="checkbox"/> 31	Employee with access to secret or top secret information	All offences
<input type="checkbox"/> 32	Immigration Detention Centre Employment	Unspent offences and offences involving violence
<input type="checkbox"/> 33	Immigration/Citizenship ** Please note, fingerprints are <u>not required</u> unless specifically advised by the Department of Immigration and Citizenship	All offences
<input type="checkbox"/> 35	Overseas employment/visa	Unspent offences
<input type="checkbox"/> 36	Superannuation Trustee/Custodian/Investment manager or Responsible officer of a body corporate that is a trustee, investment manager or custodian of a superannuation entity	Unspent offences and offences in respect of dishonest conduct
<input type="checkbox"/> 37	Care, instruction or supervision of children/ Care of intellectually disabled persons/ Aged Care staff/volunteers	Unspent offences, offences against the person and (i) a sexual offence; or (ii) any other offence against the person if the victim of the offence was under 18 at the time the offence was committed
<input type="checkbox"/> 40	Commonwealth department employee	Unspent offences

SECTION 9: Applicant's Consent

(this section must be completed)

- i. I acknowledge I have read all the instructions while completing this form and I am aware exclusions from spent convictions legislation may apply to some categories of NPCs.
- ii. The personal information I have provided on this form (including fingerprints if supplied) and all the attachments (if any) relate to me and are correct.
- iii. I acknowledge the details contained on this form, including fingerprints where relevant, will be forwarded to the AFP, CrimTrac, and/or the Police Services of the States or Territories of the Commonwealth of Australia.
- iv. I consent to the AFP and any other Australian police force extracting details of any convictions, findings of guilt or pending court proceedings relating to me, including in relation to any traffic offence, and providing that information to me or to the Employer/Organisation named in Section 6.
- v. I acknowledge the information provided on this form will not be used without my prior consent for any other purpose, unless otherwise authorised by law.
- vi. I acknowledge that any information provided on this form or disclosed by the police as a result of the records check may be taken into account by any organisation to whom I present the results of the records check in assessing my suitability to receive the entitlement.
- vii. I acknowledge that only details contained in this application or on attachments signed by me will be checked and that should I subsequently require further names and/or details to be checked then I will be required to submit a new application and payment.
- viii. I understand that it is an offence to provide false or misleading information in this application, or omit to provide information that may result in this application being false or misleading.

Applicant's Signature:

Date: / /

If you are under 18 years of age (as at the date of the application), please provide consent below from a parent/guardian.

Parent/Guardian's Name:

Parent/Guardian's Signature:

Date: / /

Attachment A: Proof of Identity

(this section must be completed)

A minimum of 100 points of identification has to be provided with the application. Please ensure that only photocopies of the original documents are attached.

Tick if included	You must supply at least ONE Primary document Foreign documents must be accompanied by an official translation	Required on document N = Name, P = photo A = Address, S = Signature	Points Worth	Points gained (applicant to fill)
Primary Documents				
<input type="checkbox"/>	Foreign Passport (current)	N – P	70	
<input type="checkbox"/>	Australian Passport (current or expired last 2 years but not cancelled)	N – P	70	
<input type="checkbox"/>	Australian Citizenship Certificate	N	70	
<input type="checkbox"/>	Full Birth certificate (not extract)	N	70	
<input type="checkbox"/>	Certificate of Identity issued by the Australian Government to refugees and non Australian citizens for entry to Australia	N	70	
<input type="checkbox"/>	Australian Driver License/Learner's Permit	N – A – P	40	
<input type="checkbox"/>	Current (Australian) Tertiary Student Identification Card	N – P	40	
<input type="checkbox"/>	Photo identification card issued for Australian regulatory purposes (e.g. Aviation/Maritime Security identification, security industry etc.)	N – P	40	
<input type="checkbox"/>	Government employee ID (Australian Federal/State/Territory)	N – P	40	
<input type="checkbox"/>	Defense Force Identity Card (w/ photo or signature)	N – P	40	
Secondary Documents				
<input type="checkbox"/>	Department of Veterans Affairs (DVA) card	N – A	40	
<input type="checkbox"/>	Centrelink card (with reference number)	N – A	40	
<input type="checkbox"/>	Birth Certificate Extract	N	25	
<input type="checkbox"/>	Birth card (NSW BDM only)	N	25	
<input type="checkbox"/>	Medicare card	N	25	
<input type="checkbox"/>	Credit card or account card	N – S	25	
<input type="checkbox"/>	Australian Marriage certificate (Registry issue only)	N – S	25	
<input type="checkbox"/>	Decree Nisi / Decree Absolute (Registry issue only)	N – S	25	
<input type="checkbox"/>	Change of name certificate (Registry issue only)	N – S	25	
<input type="checkbox"/>	Bank statement	N – A	25	
<input type="checkbox"/>	Property lease agreement - current address	N – A	25	
<input type="checkbox"/>	Taxation assessment notice	N – A	25	
<input type="checkbox"/>	Australian Mortgage Documents	N – A	25	
<input type="checkbox"/>	Rating Authority - eg Land Rates	N – A	25	
<input type="checkbox"/>	Utility Bill - electricity, gas, telephone (less than 12 months old)	N – A	20	
<input type="checkbox"/>	Reference from Indigenous Organisation	N – P	20	
<input type="checkbox"/>	Documents issued outside Australia (equivalent to Australian documents). Must have official translation attached	N – P	20	
Total points provided (minimum 100) with this application :				

Submission Checklist

Prior to submitting your application, please complete the checklist below to ensure your request can be processed in a timely manner. **Failure to complete or supply any part of the application may result in it being returned prior to processing.**

- All required details in Sections 1 to 9 are complete.
- I can be reached during business hours on the phone number I have provided in section 3.
- I have attached photocopies of my identification, for documents selected in attachment A above.
- I have provided my credit card details for electronic payment or I will attach a cheque or money order payable to the AFP for the current fee.
- (optional) If a fingerprint check is required, I have provided my fingerprints and if relevant, a copy of the receipt for payment.

Once all the above steps have been completed, attach your photocopied identification documents and payment to the application form and post to:

**Australian Federal Police
Criminal Records
Locked Bag 8550
CANBERRA CITY ACT 2601**

Alternatively you can scan and email all the documents to: AFP-NationalPoliceChecks@converga.com.au

Attachment B: Other names you have used

(use only if required)

Former Name Also known as Date of Birth: (DD MM YYYY)

Family Name / Surname :

First Name / Given Name:

Other Given Names:

Former Name Also known as Date of Birth: (DD MM YYYY)

Family Name / Surname :

First Name / Given Name:

Other Given Names:

Former Name Also known as Date of Birth: (DD MM YYYY)

Family Name / Surname :

First Name / Given Name:

Other Given Names:

Attachment C: Previous Residential Address

(use only if required - must not be a PO Box or Business Address)

Unit No / Street No /
Street Name:

Suburb / Town / Locality:

Postcode: State:

Country:

Date you started living at this address: (DD MM YYYY)

Unit No / Street No /
Street Name:

Suburb / Town / Locality:

Postcode: State:

Country:

Date you started living at this address: (DD MM YYYY)

Unit No / Street No /
Street Name:

Suburb / Town / Locality:

Postcode: State:

Country:

Date you started living at this address: (DD MM YYYY)