

HRM Branch Authorised



CONSENT TO CHECK AND RELEASE NATIONAL POLICE RECORD

[See Policy](#)

Agency: Department of Education

Good Character Check Application Form

Failure to complete ALL sections of this form will result in a delay and the form will be returned to you for further information.

APPLICANT DETAILS

Title (please circle): Mr Mrs Miss Ms Dr Gender (please circle): Male Female

Family Name: Given Names:

Previous or alternative names (includes maiden name or please state "none" if not applicable):

Telephone Number: (during business hours) Date of Birth:

Current residential address: Postcode:

Postal address: (if different to above) Postcode:

PLACE OF BIRTH
Town: State: Country:

Previous addresses within the last 5 Years (please attach additional page if needed)

Are you registered with the Tasmanian Teacher's Registration Board? Yes No TRB #

Have you worked for another Education Department? If so, please list:

If you are currently working for the Department of Education, Tasmania, please provide your employee number:

REASON FOR GOOD CHARACTER CHECK

School-based Employee Library Employee
International Home Stay Host Volunteer
Contractor Other (please provide details)
Mature Age Student (18 years & over) Please provide course information

School/Workplace/Organisation for which check is being requested: (i.e. name of School, Library etc) Position Title: (i.e. Teacher, Parent Help etc)

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STATEMENT OF CONSENT AND INDEMNITY

I hereby certify that the details provided on this form are correct and I consent to a check of the records of Tasmania Police and other Australian police jurisdictions and to the release of criminal history records recorded against my name and request that they be provided to the authorised officer of the specified agency. Please note if you are a Department of Education employee, this form will remain on your personal file and may be used to collect further information at a later date.

**Signature
of
Applicant:**

**Printed Name of
Applicant:**

Date: ____/____/____

OFFICE USE ONLY

Processed by: _____

Date: __/__/__

File Ref: _____

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DECLARATIONS (please read carefully)

I _____ (Full Name) & _____ (Date of Birth) agree to the release of information from Tasmania Police to the Department of Education, Tasmania.

I agree to inform the Department of Education, Tasmania of any pending charges which may impact on my eligibility to participate/work in education related programs. Yes No

Please answer each question/statement.

1. Have you ever been charged or found guilty of an offence in this State or any other State or Territory of Australia or any other country? These include crimes of violence, sex-related offences, serious drug offences, crimes involving dishonesty and serious traffic offences (If yes, please complete the particulars for this in the space below.)

Yes No _____

2. Have you ever been the subject of any disciplinary action or been excluded from acting on a volunteer basis by any previous employer/organisation (If Yes, please complete the particulars for this in the space below.)

Yes No _____

I give permission for the Department of Education to check my previous volunteer or employment history, if deemed necessary. Yes No

I understand that the provision of false information or withholding information may result in withdrawal of an offer of employment/volunteer duties or dismissal. Yes No

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PROOF OF IDENTIFICATION (to be completed by Commissioner for Declarations):

Identification document(s) sighted _____
(e.g. Driver Licence, Passport, Photo Identification)

Reference No. of Identification document _____

I have examined an original document for _____ (name of person making the declaration) and I am satisfied that this is their true identity.

Signature _____ Name _____

Occupation _____ Contact _____

***This declaration MUST be completed and signed in the presence of a Commissioner for Declarations**

Signature of Applicant _____

Declared at _____ in (State) _____

on the _____ day of _____ 20_____

before me **Commissioner for Declarations** (e.g. Justice of the Peace, Teacher, Medical Practitioner)

Signature _____ Name _____

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Personal Information Protection

Your personal information will be used to perform a good character check. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and the *Archives Act 1983* and may be accessed by the individual to whom it relates on request to the Human Resources Management Branch. You may be charged a fee for this service. You can obtain a copy of the Department's Personal Information Protection Policy on request to Human Resources Management Branch at: HRM@education.tas.gov.au or at <http://www.education.tas.gov.au/dept/about/legislation/pip/policy>.

Please return the completed form in a sealed envelope marked "**Strictly Confidential**" to:

Attention: *Conduct and Investigations Unit*
Department of Education
GPO Box 169
HOBART TAS 7001