



Australian Federal Police National Police Check (NPC) Application Form

Please complete this form by referring to the *Application Completion Guide*.

1. Purpose of NPC

| | |
|-------------|--|
| Code Number | |
|-------------|--|

Enter the relevant code number from the table at **Section 1: Purpose of NPC** on the **Application completion Guide** (e.g. Fire fighting/prevention – in the ACT = Code No 15)

If a code is not specified this application will NOT be processed and will be returned for amendment.

If you are unsure about the purpose please email Criminal Records Client Services criminalrecords-clientservices@afp.gov.au.

2. Applicant Details - Use **BLOCK LETTERS** and **black ink**. Mark check boxes with a cross (X).

| | | | |
|---|------------|---------------------------|--|
| Current Family Name | | | |
| All Given Names | | | |
| Date of Birth (DD/MM/YYYY) | / | / | |
| Previous or Other Names by which you are known or have been formerly known must be listed below (eg. maiden, deed poll). If more room is required, list on separate sheet, sign and send with this application form. Additional information sheet included <input type="checkbox"/> | | | |
| Family Name: (include all name changes and maiden name) | | Given Names | Date of Birth |
| | | | / / |
| | | | / / |
| Place of Birth Town | | | State |
| Country | | | |
| Contact Telephone Number | | | |
| Australian Drivers Licence Number | | Issuing State | <input type="checkbox"/> Copy Attached |
| Current Residential Address – Complete in FULL | | | |
| Unit No. | Street No. | Street Name / Street Type | |
| | | | |
| Suburb/City | | | Post Code |
| | | | |
| State | Country | Residency From | |
| | | / / | |
| Previous Residential Address – Complete in FULL | | | |
| Unit No. | Street No. | Street Name / Street Type | |
| | | | |
| Suburb/City | | | Post Code |
| | | | |
| State | Country | Residency From | |
| | | / / | |

3. Employer/Organisation Details (For use by AFP Account holders only)

| Employer/Organisation name | Client Code | Client Reference Number |
|----------------------------|-------------|-------------------------|
| | | |

4. Mailing Address for Police Certificate

The National Police Certificate will be posted to the account holder listed at Section 3 of this application.

5. Fingerprints

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.

Is a fingerprint check required? Yes No If yes, fingerprints must be submitted with this form. In addition choose only one of the below statements. For information on fingerprint checks see Section 5: Fingerprint Checks on the *Application Completion Guide*.

I have attached:

- (a) fingerprints taken by another police jurisdiction OR
- (b) fingerprints taken by the AFP and not charged when taken OR
- (c) fingerprints taken by the AFP and charged when taken - receipt of payment must be supplied with this form

6. Consent

- i. I acknowledge I have read the *Application Completion Guide* for this application form (pages 1 – 5) 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) relates to me and is correct.
- iii. I acknowledge the details contained on this form, including fingerprints where relevant, will be forwarded to the AFP, Australian Criminal Intelligence Commission, 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 3 above, as approved or to another person agency as named in Section 4.
- 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 the organisation mentioned in (3) above or any organisation to whom I present the results of the records check in assessing my suitability to receive the entitlement.

| | | |
|--|----------------------|---------------------|
| Applicant's Signature | <input type="text"/> | Date / / |
| If you are under 18 years of age please provide consent below from a parent/guardian. | | |
| Parent/Guardian Signature | <input type="text"/> | Date / / |
| Parent/Guardian name printed in full | | |