



PD267

NATIONAL POLICE CHECK APPLICATION

SOUTH AUSTRALIA POLICE
KEEPING SA SAFE

Enquiries to Information Services Branch:
(T) 08 7322 3347 (E) SAPOL.NSS@police.sa.gov.au
(A) GPO Box 1539 Adelaide SA 5001



**Government
of South Australia**

Refer to PD267A – National Police Certificate Frequently Asked Questions before completing this form

Please print clearly in **BLOCK** letters with black or blue ink.

***Denotes Mandatory Field**

CURRENT NAME*

Surname/Family Name Single name only

[Grid for Surname/Family Name]

Given Name(s)

[Grid for Given Name(s)]

Middle Name(s)

[Grid for Middle Name(s)]

PREVIOUS/OTHER NAME(S)* (Note: if you have more than one previous name or alias, please complete Page 2)

Name Type: Maiden Previous Alias Single name only

Surname/Family Name

[Grid for Surname/Family Name]

Given Name(s)

[Grid for Given Name(s)]

Middle Name(s)

[Grid for Middle Name(s)]

BIRTH DETAILS*

Date of Birth: (DD/MM/YYYY) [Grid] Gender: Male Female Intersex

PLACE OF BIRTH: Town/City

[Grid for Town/City]

State Country

[Grid for State and Country]

ADDRESSES*

Note: National Police Certificates cannot be posted to an international address.

CURRENT RESIDENTIAL ADDRESS:

[Grid for Residential Address Line 1]

Suburb/Town State Postcode

POSTAL ADDRESS: (If different to your Current Australian Residential Address)

[Grid for Postal Address Line 1]

Suburb/Town State Postcode

PREVIOUS ADDRESS:

[Grid for Previous Address Line 1]

Suburb/Town State Postcode

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CONTACT DETAILS*

Home Telephone	Work Telephone	Mobile Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address

<input type="text"/>

DRIVERS LICENCE/PROOF OF AGE CARD

Drivers Licence/Proof of Age Card No.	State or Country
<input type="text"/>	<input type="text"/>

NATIONAL POLICE CHECK DETAILS*

Are you working or volunteering with children?

- Yes, but my employer requires a National Police Check (NPC) in conjunction to my Working With Children Check issued by Department of Human Services (DHS).
- No.

Under law, you must apply through [Department of Human Services](#) for a Working With Children Check (WWCC) if you are working or volunteering with children. An NPC is strictly supplementary.

Will you have contact with Vulnerable Groups?

Please only select one box.

If you will have both unsupervised and supervised contact with vulnerable groups, please select 'unsupervised' contact only.

- Yes. I will have **unsupervised** contact with vulnerable groups.
- Yes. I will have **supervised** contact with vulnerable groups.
- No. I will **not have any contact** with vulnerable groups.

Vulnerable groups are defined as: a) an adult who is:

- (i) Disadvantaged or in need of special care, support, or protection because of age, disability, or risk of abuse or neglect, or
- (ii) Accessing a service provided to disadvantaged people

b) a child aged under 18 years.

Are you applying for a visa?

- Yes, to work/travel outside of Australia. Refer Question 4 & 5 on PD267A – *National Police Certificate Frequently Asked Questions*. If for a visa issued by the Australian Government, or for Residency and Citizenship you MUST apply through Australian Federal Police. **Note:** For any other visa contact [Australian Federal Police](#) for a National Federal Police Check. South Australia Police cannot process these requests.
- No.

CHECK TYPE

- Individual (I) Individual Concession (IC) VOAN Volunteer (VC) (No Fee) Volunteer (VP)

REASON FOR CHECK (this will be printed on your certificate) Maximum length 65 characters

Examples: Health/Aged Care Uni Placement or Driver Accreditation/Licensing or Shop Assistant or Administration Assistant

<input type="text"/>

Proposed Place of Work (Name of Organisation or Type or Workplace)

<input type="text"/>

Location of Employment (Town and State/Territory, or Country if Not Australia)

<input type="text"/>

FINGERPRINTS

- Livescan Fingerprints** required (additional fee) **Livescan Reference No.:**
- Wet/Ink Fingerprints** required (additional fee)

- Note:**
- NPC and Fingerprints must be paid for together.
 - Livescan Reference Number must be recorded above.
 - Refer PD267A – *National Police Certificate Frequently Asked Questions*, for Livescan locations.

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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"/> Centrelink Card <input type="checkbox"/> Veteran Affairs Gold Card <input type="checkbox"/> Security Licence (CBS)	40
		<input type="checkbox"/> Mortgage Documents	<input type="checkbox"/> Land Title Records	
<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)	<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)	25
		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.

