



South Australia Police National Police Check Application

Please complete page 1 of form online before printing. *Denotes mandatory field
Enquiries: Records Release Unit (T) 08 8204 2455 - GPO Box 1539 Adelaide SA 5001



**Government
of South Australia**

APPLICANT DETAILS

Family Name*

First Given Name*

Other Given Name(s)

Specify Other Name Type

Maiden

Previous

Alias

Note: if you have more than one previous name, list on a separate sheet and attach to application

Other Family Name

Other First Given Name

Other Given Name(s)

Current Residential Address*

Suburb/Town

State

Postcode

Postal Address (NPC will be posted to this address)

Suburb/Town

State

Postcode

Previous Address

Suburb/Town

State

Postcode

Birth Place - Town/City*

State*

Country*

Home Telephone

Work Telephone

Mobile Telephone

Driver's Licence No.

State

Date of Birth* (DD/MM/YYYY)

Gender*

/ /

Male Female

PURPOSE OF CHECK: Purpose must be clearly stated e.g. Aged Carer, Youth Leader, Contractor in Schools, Visa.
Generic descriptions i.e. 'Employment', 'Work', 'Uni Placement' are not accepted.

CATEGORY*

Employment/Probity/Licensing

Working with Children/Vulnerable Groups

Visa

Access to National Security Information

CHECK TYPE*

Individual (I)

Individual Concession (IC)

Volunteer (VP)

VOAN Volunteer (VC)

Core Check (CR)

Government (EG)

FINGERPRINTS (Only Livescan prints accepted)

Livescan Fingerprints required (additional fee)

Livescan Reference Number: _____

- NPC and Fingerprints must be paid for together.
- Livescan Reference number must be recorded on this form.
- Refer NPC FAQ's for Livescan locations and additional Fingerprint information.

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. This includes any spent or rehabilitated convictions (however described) under State / Territory / Federal Legislation.
- 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 Number: _____

--- OR ---

VOLUNTEER (Reduced Fee)

I declare the applicant named on this form is an unpaid volunteer and is eligible to pay the reduced fee:

Volunteer Organisation: _____ Date: ____ / ____ / ____

Authorised Officer's Name: _____ Position: _____

Authorised Officer's Signature: _____ Phone Number: _____

PROOF OF IDENTITY (100 Point ID - at least one form of ID from Category A required)

Applicant to present **original ID documents + photocopy** for certification. Please provide ID in one name otherwise proof of name change is required (i.e. Marriage Certificate, Deed Poll).

CATEGORY A	POINT VALUE	CATEGORY B	POINT VALUE
<input type="checkbox"/> Passport (current or expired within 2 yrs but not cancelled)	70	<input type="checkbox"/> Public Service Employee ID Card	40
<input type="checkbox"/> Birth Certificate (not Extract)		<input type="checkbox"/> Tertiary Education ID Card	
<input type="checkbox"/> Citizenship Certificate		<input type="checkbox"/> Firearms Licence	
<input type="checkbox"/> Driver's Licence (including foreign licence)	40	<input type="checkbox"/> Mortgage Documents	35
Value of Points = _____		<input type="checkbox"/> Proof of Age Card	25
		<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"/> Centrelink Card	
		<input type="checkbox"/> Veteran Affairs Gold Card	
		<input type="checkbox"/> Security Licence (OCBA)	
		<input type="checkbox"/> Land Title Records	
		<input type="checkbox"/> Motor Vehicle Registration	
		<input type="checkbox"/> Seniors 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 Accounts (only one < 6 months old)	

(Cheques made payable to 'SA Police')

AUTHORISATION: **SAPOL EMPLOYEE** **JUSTICE OF THE PEACE** (Tick appropriate box)

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 Number: _____ Signature: _____

Date: ____ / ____ / ____ Fee Paid: (if applicable) \$ _____ Receipt Number: _____

Please return authorised PD267 form to VOAN applicants for endorsement by VOAN organisation.

