

# Nationally coordinated criminal history check (NCCHC) informed consent form

## Section 1: Purpose of the Nationally Coordinated Criminal History Check

Please **indicate** the type of licence listed below for which the national name check is required. (Select one only), put an **X** in the box against the relevant licence.

**Note:** If the purpose of your national name check is not listed below, you can apply online to complete the name check through SafeNT <https://forms.pfes.nt.gov.au/safent/> or download a form from <http://www.pfes.nt.gov.au/Police/Publications-and-forms.aspx>

|                          |                          |   |                          |                                |                          |
|--------------------------|--------------------------|---|--------------------------|--------------------------------|--------------------------|
| Auctioneer New           | <input type="checkbox"/> | Agents Representative New                   | <input type="checkbox"/> | Tobacco                        | <input type="checkbox"/> |
| Casino Operative Renewal | <input type="checkbox"/> | Commercial and Private Agent                | <input type="checkbox"/> | Bookmaker Renewal              | <input type="checkbox"/> |
| Conveyancing Agent New   | <input type="checkbox"/> | Crowd Controller / Security Officer Renewal | <input type="checkbox"/> | Dangerous Goods Driver Renewal | <input type="checkbox"/> |
| Machine Manager Renewal  | <input type="checkbox"/> | Machine Repairer Renewal                    | <input type="checkbox"/> | Internet Key Employee Renewal  | <input type="checkbox"/> |
| Real Estate Agent New    | <input type="checkbox"/> | Secondhand Dealer / Pawnbroker New          | <input type="checkbox"/> | Motor Vehicle Dealer           | <input type="checkbox"/> |
| Shot Firer Renewal       | <input type="checkbox"/> | Sex Industry Suitability Certificate        | <input type="checkbox"/> | Security Firm Renewal          | <input type="checkbox"/> |

Provide **your position title, occupation or entitlement** for which you require this nationally coordinated criminal history check. Example: cleaner, case worker, firearms licence.

Provide **your proposed place of work and location** relevant to the position, occupation or entitlement. Example: school, casino, pub/club, work site.

Indicate whether or not you will have contact with children and / or vulnerable groups as part of the role you are applying for.

**Direct or indirect contact** means face-to-face contact, phone contact or any type of communication over the internet.

**Supervision** means in the presence of an adult who is responsible for the safety of care of the child or vulnerable person.

Select the statement that best describes the role are you applying for by placing an **X** in the box against the relevant statement:

|   |                          |
|---|--------------------------|
| No direct or indirect contact with children or vulnerable group                           | <input type="checkbox"/> |
| Direct or indirect contact with children or vulnerable groups, <b>without supervision</b> | <input type="checkbox"/> |
| Direct or indirect contact with children or vulnerable groups, <b>with supervision</b>    | <input type="checkbox"/> |

**This application is to be lodged in person at a Territory Business Centre.**

**See Section 7 for contact and location details.**

**Section 2: Personal Information – Application for an Individual**

If more room is required, list on a separate sheet, sign and attach the sheet to this form.

Additional sheet included? Yes / No

|                            |                      |                |                      |                   |                      |
|----------------------------|----------------------|----------------|----------------------|-------------------|----------------------|
| Surname (primary)          | <input type="text"/> | First          | <input type="text"/> | Middle            | <input type="text"/> |
| Surname                    | <input type="text"/> | First          | <input type="text"/> | Middle            | <input type="text"/> |
|                            | Maiden Yes / No      | Alias Yes / No |                      | Previous Yes / No |                      |
| Surname                    | <input type="text"/> | First          | <input type="text"/> | Middle            | <input type="text"/> |
|                            | Maiden Yes / No      | Alias Yes / No |                      | Previous Yes / No |                      |
| Date of birth (dd/mm/yyyy) | <input type="text"/> | Sex            | Male Y/N             | Female Y/N        | Unspecified Y/N      |

**Place of birth**

|               |                      |                   |                      |
|---------------|----------------------|-------------------|----------------------|
| Suburb / Town | <input type="text"/> | State / Territory | <input type="text"/> |
| Country       | <input type="text"/> |                   |                      |

**Permanent residential address over last five years**

If more room is required, list on a separate sheet, sign and attach the sheet to this form. If full details are unavailable, include as much information as possible.

Additional sheet included? Yes / No

**Current**

|                                  |                      |               |                      |
|----------------------------------|----------------------|---------------|----------------------|
| Number / Street                  | <input type="text"/> | Suburb / Town | <input type="text"/> |
| State / Territory                | <input type="text"/> | Postcode      | <input type="text"/> |
|                                  |                      | Country       | <input type="text"/> |
| Period of residence (dd/mm/yyyy) | <input type="text"/> | to            | <input type="text"/> |

**Previous (if applicable)**

|                                  |                      |               |                      |
|----------------------------------|----------------------|---------------|----------------------|
| Number / Street                  | <input type="text"/> | Suburb / Town | <input type="text"/> |
| State / Territory                | <input type="text"/> | Postcode      | <input type="text"/> |
|                                  |                      | Country       | <input type="text"/> |
| Period of residence (dd/mm/yyyy) | <input type="text"/> | to            | <input type="text"/> |

**Previous (if applicable)**

|                                  |                      |               |                      |
|----------------------------------|----------------------|---------------|----------------------|
| Number / Street                  | <input type="text"/> | Suburb / Town | <input type="text"/> |
| State / Territory                | <input type="text"/> | Postcode      | <input type="text"/> |
|                                  |                      | Country       | <input type="text"/> |
| Period of residence (dd/mm/yyyy) | <input type="text"/> | to            | <input type="text"/> |

**Previous (if applicable)**

|                                  |                      |               |                      |
|----------------------------------|----------------------|---------------|----------------------|
| Number / Street                  | <input type="text"/> | Suburb / Town | <input type="text"/> |
| State / Territory                | <input type="text"/> | Postcode      | <input type="text"/> |
|                                  |                      | Country       | <input type="text"/> |
| Period of residence (dd/mm/yyyy) | <input type="text"/> | to            | <input type="text"/> |

**Previous (if applicable)**

|                 |                      |               |                      |
|-----------------|----------------------|---------------|----------------------|
| Number / Street | <input type="text"/> | Suburb / Town | <input type="text"/> |
|-----------------|----------------------|---------------|----------------------|

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|                                  |  |          |   |         |     |
|----------------------------------|--|----------|---|---------|-----|
| State / Territory                |  | Postcode |   | Country |     |
| Period of residence (dd/mm/yyyy) |  | /        | / | to      | / / |

**Contact details**

|              |  |      |  |        |  |
|--------------|--|------|--|--------|--|
| Phone - Home |  | Work |  | Mobile |  |
| Email        |  |      |  |        |  |

**Other details (if applicable)**

|                                |  |           |  |
|--------------------------------|--|-----------|--|
| Australian drivers licence no. |  | Issued by |  |
| Firearms licence no.           |  | Issued by |  |
| Passport no.                   |  | Issued by |  |

**Section 3: Proof of Identity****Minimum identity requirements**

You must provide four documents with your completed form to confirm your identity:

- One commencement document to confirm your birth in Australia or arrival in Australia
- One primary and two secondary documents to show the use of your identity in the community.

The documentation you provide must include evidence of your full name and date of birth and a photograph of you. The commencement and primary documents provided must include a photo of you. If your commencement and primary documents do not include a photograph you must submit a passport-style photograph certified by a person listed in Schedule 2 of the [Statutory Declarations Regulations 2018 \(Cth\)](#).

**Commencement documents – you must have ONE commencement document**

- |   |     |
|---|-----|
| (a) Full Australian birth certificate (not extract or birth card)   | Y/N |
| (b) Current Australian passport (not expired)   | Y/N |
| (c) Australian Visa current at time of entry to Australia as resident or tourist  | Y/N |
| (d) ImmiCard issued by the Department of Immigration and Border Protection that enables the cardholder to prove their visa and/or migration status and enrol in services                    | Y/N |
| (e) Certificate of identity issued by the Department of Foreign Affairs and Trade to refugees and non-Australian citizens for entry to Australia  | Y/N |
| (f) Document of identity issued by the Department of foreign Affairs and Trade to Australian citizens or persons who possess the nationality of a Commonwealth country, for travel purposed | Y/N |
| (g) Certificate of evidence of resident status  | Y/N |

**Primary Documents – you must have ONE primary document**

- |   |     |
|---|-----|
| (a) Current Australian drivers licence, learner permit or provisional licence issued by a state or territory, showing signature and/or photo and the same name as claimed | Y/N |
| (b) Australian marriage certificate issued by a state or territory (church/celebrant-issued certificates are not accepted)  | Y/N |
| (c) Current passport issued by a country other than Australia with a valid entry stamp or visa  | Y/N |
| (d) Current proof of age or photo identity card issued by an Australian government agency in your name with photo and signature   | Y/N |
| (e) Current shooter or firearm licence showing signature and photo (not minor or junior permit or licence)  | Y/N |
| (f) For persons aged under 18 with no other Primary Use in Community Documents, a current student id card with photo or signature   | Y/N |

**Secondary documents – you must have two secondary documents**

- |   |     |
|---|-----|
| (a) Certificate of identity issued by the Department of Foreign Affairs and Trade                               | Y/N |
| (b) Document of identity issued by the Department of Foreign Affairs and Trade                                  | Y/N |
| (c) Convention travel document secondary (United Nations) issued by the Department of Foreign Affairs and Trade | Y/N |
| (d) Foreign government issued documents (e.g. driver licence)   | Y/N |
| (e) Medicare card   | Y/N |
| (f) Enrolment with the Australian Electoral Commission  | Y/N |
| (g) Security guard or crowd control photo licence   | Y/N |
| (h) Evidence of right to an Australian government benefit (Centrelink or Veterans Affairs)                      | Y/N |
| (i) Consular photo ID card issued by the Department of Foreign Affairs and Trade                                | Y/N |
| (j) Photo identity card issued to an officer by a police force  | Y/N |
| (k) Photo identity card issued by the Australian defence Force  | Y/N |
| (l) Australian secondary student photo identity document  | Y/N |
| (m) Certified academic transcript from an Australian university   | Y/N |
| (n) Trusted referees report   | Y/N |
| (o) Bank card   | Y/N |
| (p) Credit card   | Y/N |
| (q) Photo identity card issued by the Australian Government or a state or territory government                  | Y/N |
| (r) Aviation Security Identification Card   | Y/N |
| (s) Maritime Security Identification Card   | Y/N |
| (t) Credit reference check  | Y/N |
| (u) Australian tertiary student photo identity document   | Y/N |

## Section 4: General Information

### General information

Australian Criminal Intelligence Commission (ACIC) (an agency of the Australian Government) is collecting your personal information in this form in order to conduct a Nationally Coordinated Criminal History Check (NCCHC) on you. It does this through a contractual arrangement with the accredited body named at Section 7. ACIC has contractual arrangements with its accredited bodies to collect personal information on its behalf to support processes assessing the suitability of people applying for various licensing or registration schemes. Accredited bodies and their customers (such as employers) use the personal information collected on this form and the resulting NCCHC as part of their assessment process to determine your application. Some accredited bodies have a legislative basis for the collection, use and disclosure of your personal information. ACIC recommends that you seek further information about any relevant / applicable legislative framework from the accredited body.

Unless statutory obligations require otherwise, the information provided on this form will not be used without your prior consent for any purpose other than in relation to the assessment of your suitability; or to maintain the records of ACIC and police agencies; or for law enforcement purposes. You will be required to complete another consent form for any future NCCHCs.

### Proof of identity

When applying for a Nationally Coordinated Criminal History Check, you must provide proof of your identity with this form (see Section 3). All documents must be originals or certified true copies. A certified copy means a document that has been certified as a true copy of an original by a person listed in Schedule 2 of the *Statutory Declarations Regulations 1993* (Cth) which is available from <http://www.comlaw.gov.au> by searching for 'Statutory Declarations Regulations 1993'.

### Change of name on identification

If you provide identity documents using a former name, you must provide evidence of your name change. This means providing a change of name certificate issued by the Australian Registry of Births, Deaths and Marriages or an Australian marriage certificate issued by a state or territory, in addition to your four identity documents. Church or celebrant-issued certificates are not accepted.

### Provision of incomplete, false or misleading information

An accredited organisation and an applicant must take reasonable steps to ensure that the personal information collected or disclosed is accurate, complete and up to date. You are asked to certify that the personal information you have provided on this form is correct. It is a serious offence to provide false or misleading information on this form.

The following links may be helpful in sourcing information on spent convictions in your state / territory:

- Australian Government – [www.legislation.gov.au](http://www.legislation.gov.au)
- Australian Capital Territory – [www.legislation.act.gov.au](http://www.legislation.act.gov.au)
- New South Wales – [www.legislation.nsw.gov.au](http://www.legislation.nsw.gov.au)
- Northern Territory – [www.legislation.nt.gov.au](http://www.legislation.nt.gov.au)
- Queensland – [www.legislation.qld.gov.au](http://www.legislation.qld.gov.au)
- South Australia – [www.legislation.sa.gov.au](http://www.legislation.sa.gov.au)
- Tasmania – [www.thelaw.tas.gov.au](http://www.thelaw.tas.gov.au)
- Victoria – [www.police.vic.gov.au](http://www.police.vic.gov.au)
- Western Australia – [www.slp.wa.gov.au](http://www.slp.wa.gov.au)

### Nationally Coordinated Criminal History Check (NCCHC)

Information on this form will be used by ACIC and police agencies for checking action; it will also be used to update records held about you by ACIC and police agencies. ACIC and police agencies will access their records to obtain and disclose PHI that relates to you to:

- a) the accredited body named in Section 7 below, and
- a) where applicable the employer / organisation named in Section 5 below.

PHI may include outstanding charges, warrant information and criminal convictions / findings / pleas of guilt recorded against you

### Limitations on accuracy and use of PHI

While every care has been taken by ACIC and police agencies to conduct a search of PHI that relates to the applicant, the accuracy and quality of an NCCHC issued by ACIC depends on accurate identification of the applicant (including aliases), the comprehensiveness of police records and is based on the information provided in this form. If the applicant does not complete the information requirements in this form the success and validity of the NCCHC will be compromised. It is in your interest to provide full and complete details in this form.

If you do not agree with the results of your nationally coordinated criminal history check, please notify the Department of Industry, Tourism and Trade that submitted the request for a NCCHC on you so that the NCCHC dispute process can be initiated.

### Accredited body contact details

For more information regarding the NCCHC process you can contact Territory Business Centre on:

Phone: 1800 193 111 or

Email: [territorybusinesscentre@nt.gov.au](mailto:territorybusinesscentre@nt.gov.au)

For information regarding the accredited body's Freedom of Information and Privacy Statement, you can access the information at <https://nt.gov.au/copyright-disclaimer-and-privacy>

### ACIC contact details

For information regarding ACIC's Privacy Policy, you can access the policy at [acic.gov.au](http://acic.gov.au) or contact the ACIC Privacy Officer on:

Phone: (02) 6268 7000 or

Email: [npcs@acic.gov.au](mailto:npcs@acic.gov.au)

### Section 5: Authorisation to Disclose Personal Information

The result of the Nationally Coordinated Criminal History Check to be forwarded / disclosed to the Northern Territory Government's Department of Industry, Tourism and Trade and Department of Attorney-General and Justice, being NT Worksafe and where required, the Northern Territory Civil Administration Tribunal.

### Section 6: Consent to Obtain Personal Information

**Nationally Coordinated Criminal History Check** (enter in block letters)

I, Surname (primary)  First and middle (primary)  hereby

1. acknowledge that I have read the General Information in Section 4 of this form and understand that information will be disclosed in accordance with applicable legislation and information release policies (including spent convictions legislation (however described) in the Commonwealth, States and Territories);
2. understand that the purpose for which I am seeking a NCCHC may be in a category for which exclusions from spent convictions legislation may apply;
3. have fully and correctly completed this form, and the personal information I have provided in it relates to me, contains my full name and all names previously used by me;
4. acknowledge that the provision of false or misleading information on this form is a serious offence;
5. acknowledge that the accredited body named in Section 7 of this form is collecting information in this form to provide to ACIC and police agencies;
6. consent to:
  - (i) ACIC and police agencies using and disclosing my personal information to conduct a Nationally Coordinated Criminal History Check;
  - (ii) the police agencies disclosing to ACIC, from their records, Police History Information that can be disclosed in accordance with the laws of the Commonwealth, States and Territories and in accordance with the relevant jurisdiction's information release policies;
  - (iii) ACIC disclosing the information sourced from the police agencies to the accredited body named in Section 7 of this form, and
  - (iv) the accredited body named in Section 7 of this form disclosing to the relevant Northern Territory Government licensing authority personal information to assess my suitability in relation to the purpose identified in this form.
7. acknowledge that any information provided by me on this form relates specifically to the purpose identified in Section 1 of this form;
8. acknowledge that any information provided by the police agencies or ACIC relates specifically to the purpose identified in Section 1 of this form;
9. acknowledge that any information sent, by mail or electronically, in relation to this form, including any identity documents, is sent at my own risk and I am aware of the consequences of these methods of lodgement;
10. acknowledge that personal information that I provide in this form may be disclosed to the accredited body named in Section 7 of this form (including contractors or related bodies) located in Australia or overseas (refer to attached list if applicable); and
11. acknowledge that it is usual practice for an applicant's personal information and police information to be used by police agencies and the ACIC for law enforcement, including purposes set out in the *Australian Crime Commission Act 2002* (Cth);
12. if a licence is refused by the Department of Attorney-General and Justice / Department of Industry, Tourism and Trade due to a previous conviction or 'find of guilt' the results of your NCCHC will be accessed by the Permissioning and Advisory Director, NT WorkSafe or Delegate / Director-General Licensing NT and / or NTCAT, as outlined in Section 5, during the determination process and during the appeal period if and appeal is lodged by the applicant.

**Note: The information you provide on this form will be used only for the purpose stated above unless statutory obligations require otherwise.**

|   |                      |                             |     |
|---|----------------------|-----------------------------|-----|
| <b>Applicant's signature</b>  | <input type="text"/> | <b>Date</b><br>(dd/mm/yyyy) | / / |
| <b>Parent or Legal Guardian signature</b> (where applicant is under the age of 18)                | <input type="text"/> | <b>Date</b><br>(dd/mm/yyyy) | / / |
| <b>Authorised Agent signature</b> (person responsible for the applicant eg. Legal representative) | <input type="text"/> | <b>Date</b><br>(dd/mm/yyyy) | / / |

### Section 7: Accredited Organisation Details

|                                 |   |     |                |
|---------------------------------|---|-----|----------------|
| Accredited Body<br>(Legal name) | Northern Territory of Australia, Department of Industry,<br>Tourism and Trade through Territory Business Centre   | ABN | 84 085 734 992 |
| Address                         | Darwin Corporate Park<br>Building 3, 631 Stuart Highway, Berrimah NT 0828<br><br>Shop 10, Randazzo Building<br>18 Katherine Terrace, Katherine, NT 0850<br><br>Shop 2 Barkly House<br>Cnr Davidson and Paterson Streets, Tennant Creek, NT 0860<br><br>Ground Floor, Greenwell Building<br>50 Bath Street, Alice Springs, NT 0870 |     |                |

### The following sections are for office use only

#### Section 8: Verification of Identification (office use only)

**Note: To be completed by the Department of Industry, Tourism and Trade, Territory Business Centre**

I declare that I have sighted the applicant's original or certified true copy of documents and that the applicant has met the Minimum Identity Requirements above. I am satisfied as to the correctness of the applicant's identity.

|           |  |                      |     |                 |  |
|-----------|--|----------------------|-----|-----------------|--|
| Signature |  | Date<br>(dd/mm/yyyy) | / / | Printed<br>name |  |
|-----------|--|----------------------|-----|-----------------|--|

#### Section 9: Accredited Body (office use only)

##### Accredited body declaration

What is the nationally coordinated criminal history check category for this application?

Example: Employ / probity / licence.

|       |  |
|-------|--|
| Notes |  |
|       |  |