



**CONSENT TO CHECK AND RELEASE
TASMANIA AND NATIONAL POLICE RECORD
POLITICALLY MOTIVATED VIOLENCE CHECK**



Tasmania

State Security Unit and Security-Sensitive Dangerous Substances Unit

Please complete in BLOCK letters

APPLICANT DETAILS **S05**

Family Name _____ Given Names _____ Male

Previous or alternative names (includes maiden name):

Family Name _____ Given Names _____ Female

Current residential address _____ Postcode _____

Date of Birth _____ Place of Birth _____ Telephone Number _____

Driver Licence Number _____

Permanent Residential Address Over Last Ten Years

If full details of previous addresses are unavailable details of town(s) and state(s) will suffice. <i>Attach list if insufficient room.</i>	If actual dates are unavailable, Details of year of residence will suffice
	Period of residence / / to / /
	/ / to / /
	/ / to / /
	/ / to / /
	/ / to / /

TYPE OF RECORD/CHECK (Full record required)

National Police Record Check (NPC) Tasmania Police Record Check	<input checked="" type="checkbox"/>	Politically Motivated Violence Check (PMV) AFP/ASIO	<input checked="" type="checkbox"/>
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TYPE OF POSITION

<input type="checkbox"/> Permit Holder	<input type="checkbox"/> Responsible Worker	<input type="checkbox"/> Close Associate	<input type="checkbox"/> Shot-firer
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Are you the subject of any traffic violation, criminal or traffic charge(s) still pending before a Court? Yes No

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, other Australian police jurisdictions, Australian Federal Police and the Australian Security Intelligence Organisation (ASIO) for the purpose of conducting a security assessment. I hereby indemnify the services of CrimTrac Agency, other police jurisdictions and the State of Tasmania, its servants or agents including all members of the Department of Police and Public Safety, and AFP/ASIO against all actions, suits, proceedings, causes of action, costs, claims and demands whatsoever that may be brought or made against it or them by anybody or person by reason of, or arising out of, the release of police records recorded against my name or purporting to either relate to or concern me. I request the above release of criminal history records recorded against my name be provided to the Director of Industry Safety, Workplace Standards Tasmania.

Signature of Applicant _____ Printed Name of Applicant _____

Date _____

PERSONAL INFORMATION PROTECTION STATEMENT

Personal information we collect from you for NPC/PMV search processes will be used by Workplace Standards Tasmania for that purpose and may be used for other purposes permitted by the *Security-Sensitive Dangerous Substances Act 2005* and the *Dangerous Goods (General) Regulations 1998* and associated laws. Your personal information may be disclosed to contractors or agents of Workplace Standards Tasmania, law enforcement agencies, courts and other public sector bodies or organisations authorised to collect it. This information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by you on request to this Department. You may be charged a fee for this service. Failure to provide this information may result in your application not being processed or records not being properly maintained.

Important Note: This page contains Confidential Information.
Applicants must take care to ensure this page is sealed to prevent unauthorised viewing

STATUTORY DECLARATION

The applicant (if a natural person/sole trader) including all persons nominated as “Responsible Workers” or shot-firers must answer the questions on this page. Failure to make full disclosure may result in the application being delayed.

Question 1. Have you been convicted, or are you the subject of any matter under investigation, or pending a hearing:

- a) of any criminal or police related offences under International, Federal, Australian State or Territory Statute?
- b) of any offences under any occupational health and safety, explosives or dangerous goods legislation?

NO **YES** If yes, please provide details

Question 2. Have you either:

- a) been refused an authority, permit or licence to undertake an activity with a dangerous substance in any Australian State or Territory; or
- b) had any authority, permit or licence cancelled or suspended by another State or Territory regulatory authority?

NO **YES** If yes, please provide details

Question 3. Have you:

- a) ever been treated for a psychiatric illness; or **NO** **YES**
- b) are you currently receiving any medical treatment **NO** **YES**
or taking any medication for a psychiatric illness?

I, the undersigned, do solemnly and sincerely declare that the information contained in this application form is true and correct.

And I make this solemn declaration under the Oaths Act 2001.

Signature of Applicant:

Declared at

(place)

on

(date)

Before me:

.....

**(Justice of the Peace/Commissioner for Declarations/
or Authorised Person)**

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