

STAFF-IN-CONFIDENCE (When Completed)

NATIONAL CRIMINAL HISTORY RECORD CHECK

CONSENT TO OBTAIN PERSONAL INFORMATION

(PARTIAL EXCLUSION)

I _____ hereby:

Family name (Current)

Given Name/s (Current)

1. acknowledge that I have read the Spent Convictions Schemes section of the Information sheet and understand that Spent Convictions legislation (however described) in the Commonwealth and many States and Territories protects "spent convictions" from disclosure;
2. understand that the position for which I am being considered is in a category for which PARTIAL exclusion has been granted from the application of the Spent Convictions legislation and that "spent" convictions and findings of guilt relating to me of a type listed below will be released

Serious offences, sexual offences, offences against the person, for which an exclusion has been granted in respect to my application for employment/engagement in positions/occupation involving the care, instruction or supervision of vulnerable persons (including children, aged persons, and the disabled);

3. have fully 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, and is correct;
4. consent to Businesslink disclosing personal information about me from this Form to the CrimTrac Agency and the Australian police services;
5. consent to:
 - (i) the CrimTrac Agency disclosing personal information about me to the Australian police services;
 - (ii) the Australian police services disclosing, from their records, details of convictions and outstanding charges, including findings of guilt or the acceptance of a plea of guilty by a court, that can be disclosed in accordance with the laws of the Commonwealth, States and Territories and , in the absence of any laws governing the disclosure of this information, disclosing in accordance with the policies of the police service concerned;
 - (iii) the CrimTrac Agency providing the information disclosed by the Australian police services to Businesslink in accordance with the laws of the Commonwealth; and
 - (iv) Businesslink disclosing to **NORTHCOTT DISABILITY SERVICES** personal information about me to assess my suitability in relation to my employment; and
6. acknowledge that any information provided by me on this Form, or by the Australian police services, may be taken into account by **NORTHCOTT DISABILITY SERVICES** in assessing my suitability for the position of <specify position/entitlement. for which I am applying.

Signature _____ Date ____ / ____ / ____

Note: The information you provide on this Form, and when the CrimTrac Agency provides to Businesslink on receipt of the Form will be used only for the purpose stated above unless statutory obligations require otherwise.