



WORKING WITH CHILDREN CHECK CONSENT FORM

First Name: _____ Middle Name: _____

Surname: _____

Previous Names / Aliases: _____

Gender: Male Female

Date of Birth: _____ Place of Birth (city, state, country): _____

Address: _____ PCode _____

Are you to be employed in a: - Paid or Voluntary capacity?

I certify that the above information is accurate and understand that if I have provided false or misleading information it may result in a decision not to employ me, or, if already employed, may lead to my dismissal.

I am aware that if considered for employment in a child-related position, several checking processes will be undertaken to ascertain my suitability, including:

- a national criminal record check for offences involving sexual activity, acts of indecency (whether involving child or adult), child abuse or child pornography.
- a check for relevant apprehended violence orders taken out by a police officer or other public official for the protection of a child/ren.
- checks for completed disciplinary proceedings involving child abuse, sexual misconduct or acts of violence in the workplace which involve children, are directed at children or take place in the presence of children.

I understand that convictions, or charges that are proven in court but that do not proceed to a conviction, relating to sexual activity, acts of indecency, child abuse or child pornography will automatically prohibit my employment in a child related position. I am aware that if I am a "registrable person" under the *Child Protection (Offenders Registration) Act 2000*, I am prohibited from employment in a child-related position.

I consent to these checks being conducted and am aware that if any relevant record is identified, additional information relating to that record may be sought by an approved screening agency from sources such as courts, police, prosecutors and past employers to enable a full and informed assessment. I understand that if additional information is not obtained, an approved screening agency may provide an assessment about me to an employer that is not based on all relevant available information.

I acknowledge that any information obtained as part of this process may be used by Australian Police Services for law enforcement purposes, including the investigation of any outstanding criminal offences.

I acknowledge that the outcome of assessment of information obtained through the Working With Children Check may be provided to my current or prospective employers for employment screening purposes.

Name (Block letters): _____

Signature: _____

Date: _____

Note: This form should be returned to your employer/potential employer