

Criminal history check application form

Personal Particulars

Partial Exclusion (Reverse)

Please print in black in

Surname (present)		Previous surnames used	
Christian or given name:		Sex	
Date of birth	Town / city of birth	State / country of birth	
Contact phone number	Driver's License number	State	

Permanent Residential Address Over Last Ten Years

If full details of previous addresses are unavailable, insert details of town(s) and state(s). Attach list if insufficient room	If actual dates are unavailable, insert year(s) of residence
Current:	Period of residence / / to / /
Previous address details for the last ten years	/ / to / /
	/ / to / /
	/ / to / /
	/ / to / /

CRIMINAL / TRAFFIC CHARGE, CONVICTION OR PECUNIARY PENALTIES

(i)	Are you the subject of any traffic violation, criminal or traffic charge(s) still pending before a court?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii)	Do you have any conviction(s) or finding(s) of guilt which are less than ten (10) years old, or any juvenile conviction(s) or finding(s) of guilt which are less than five (5) years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iii)	Do you have any conviction(s) or finding(s) of guilt which are over ten (10) years old, (or five (5) years for juvenile conviction(s) or finding(s) of guilt) where the sentence imposed was <u>less</u> than thirty (30) months imprisonment for offenses of the type(s) mentioned at (i) on the reverse of this form (i.e. offenses for which an exclusion has been granted)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iv)	Do you have any conviction(s) or finding(s) of guilt which are over ten (10) years old, or five (5) years for juvenile conviction(s) or finding(s) of guilt) where the sentence imposed was <u>greater</u> than thirty (30) months imprisonment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered YES to any of the above questions, please attach details.

USER CODE - 1162

YOUR RETURN ADDRESS

(If same as current address write 'as above')

Police Use Only

Australian Federal Police

NOT RECORDED / RECORDED

NOTE: As fingerprints do not accompany your request, the Australian Federal Police cannot guarantee in any manner, that the information supplied herewith concerns the individual in whom you are interested.

Signature:

Date:/...../.....

For Commissioner Australian Federal Police

STAFF-IN-CONFIDENCE
(when completed)

PARTIAL EXCLUSION

Commonwealth of Australia

CONSENT TO OBTAIN PERSONAL INFORMATION
(for categories where **PARTIAL EXCLUSION** has been granted from
Spent convictions legislation)

In relation to my application for: **Australian Prudential Regulation Authority requirement eligibility to act as trustee or responsible officer of a Registrable Superannuation Entity pursuant to S. 12) Superannuation Industry (Supervision) Act 1993.**

I.....hereby:
(Full name – **BLOCK LETTERS** and in **BLACK INK**)

(i) acknowledge that I have read the General Information document provided with this Form and understand that I do not have to disclose old protected convictions information, which is described under the heading Spent Convictions Scheme in the General information document, except any of a type listed below for which an exclusion has been granted.

(ii) **Offences in Respect Of Dishonest Conduct**

.....
(S. 120 Superannuation Industry (Supervision) Act 1993)

(iii) certify that the personal information I have provided on both the front and back of this form relates to me and is correct;

(iv) consent to
(S. 120 Superannuation Industry (Supervision) Act 1993)

forwarding this form to the Australian Federal Police and/or the Police Services of the States or Territories of the Commonwealth of Australia and providing relevant information to the above organization.

(v) consent to the AFP or other relevant Australian police force(s) extracting from their records details of traffic violations and criminal and/or traffic records involving dishonest conduct relating to me pending before a Court and/or details of convictions or findings of guilt which have been recorded against me involving dishonest conduct and which are not covered by Part VIIC of the Crimes Act 1914 dealing with spent convictions;

(vi) acknowledge that any information provided by me on this Form or by the police as a result of the records check may be taken into account by the organization mentioned in (iii) above in assessing my suitability to receive the entitlement.

Signature..... Date / /

PRIVACY STATEMENT: The information you provide on this form and which the police provide to this organization on receipt of the form, will be used only for the purpose state above unless the statutory obligations require otherwise.