

Consent to employment screening



Personal details

SURNAME Block letters

First name

Middle name

Previous names / Aliases

Gender Please tick

Female

Male

Date of birth

Place of birth

city, state and country

Address

Telephone

Position applied for

Location of position

Consent to screening

I certify that the above information is accurate and I 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 I am considered for employment in a primary child related position, several screening processes will be undertaken to check 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 children
- checks for completed relevant disciplinary proceedings involving child abuse, sexual misconduct and 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 check 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 consent to these checks being conducted and am aware that any information obtained through these processes may be provided to my current or prospective employers for employment screening purposes.

Name

(Block letters)

Signature

Date

Office use only

To be completed by school, district office, institute, division, state office directorate or AMES

Name of employer contact	Designation	Signature	Phone

To be completed by the Employment Screening Unit

TRIM ID	Employer ID	Applicant ID