Aged Care National Criminal History Record Check Application
Consent to Obtain Personal Information

Privacy Notice
The Department of Health and Hospital and Health Service/s (referred collectively as 'Queensland Health') are collecting your information [in accordance with Chapter 3, part 5 of the *Public Sector Act 2022*, Public Service Commission Directive 08/23 – Suitability for employment, *Aged Care Act 2024* (Commonwealth), in order to meet its obligations to ensure integrity of the Queensland public sector and maintain public confidence. Personal information collected by Queensland Health is handled in accordance with the *Information Privacy Act 2009*. The personal information provided by you will be used by Queensland Health, to obtain information about your criminal history, if any, from the police, courts, prosecuting authorities or any other relevant law enforcement agencies, in accordance with s52 of the *Public Sector Act 2022*. Your personal information and criminal history information may be disclosed by the Department of Health to a Hospital and Health Service, or by a Hospital and Health Service to either the Department of Health or another Hospital and Health Service for the purpose of assessing your suitability for employment. Your personal information will not be disclosed to other third parties without consent unless the disclosure is authorised or required by or under law. For any questions regarding this collection notice, please contact your local recruitment team for information about how Queensland Health protects your personal information, how to access or correct your own personal information, or how to make a complaint about a breach of the privacy principles and learn how we deal with such a complaint, please refer to the Department of Health's Privacy Policy. Each Hospital and Health Service (HHS) has its own Privacy Policy. You can access HHS Privacy Policies by following the links on the About Hospital and Health Services page.

Section 1: Applicant details: (Applicant to print all details)

Queensland Health must be able to confirm the name, date of birth and signature of the applicant (including parent/guardian if applicant is under 18 years old).
Examples of acceptable identification documents are as follows:

- Australian Driver's Licence
- Passport
- Proof of age card
- Government financial benefit card or recent
- income tax assessment
- Australian student identification card
- Debit card
- Australian Naturalisation, Citizenship, or Immigration documentation
- Certificate of Birth (or extract) or Marriage

Title: Mr / Mrs / Ms / Miss / Doctor **Other Title:**	**Gender:** ☐ Male ☐ Female ☐ Other **Date of birth:**
Surname: (Current Legal Surname)	**Given name:** (In full)
Maiden name: (If different to Surname)	**Middle name/s:** (In full)
Any other surnames: Include Deed poll changes, alias's, previous married, etc – *For additional names, list on separate sheet, sign & attach.*	**Any other names used / known by:** (In full)
Place of birth: (Town or City/ State/ Country) **Have you been a citizen or permanent resident of a country other than Australia after the age of 16?** ☐ Yes **Please complete a statutory declaration located on the bottom of this form.** ☐ No Continue	
Current residential address: (Not PO Box Addresses)	**Current postal address:** (only if different to current residential address)
Number/Street:	
Suburb/Town/City:	
Post code: **State:**	
Phone:	**Email:**
Previous residential address over last 5 years (please provide a complete list of all previous addresses where you have resided during the last five years, attach list if insufficient room):	
	Period of residence: / / to / /
Postcode:	If actual dates are unavailable, approximate dates will suffice

New Zealand residency verification During the last 10 years, have you lived in New Zealand for six months or more (since turning 16 years of age)? ☐ Yes ☐ No ***(Note: If yes has been selected please complete residency details below and note consent to release information in consent to obtain personal information section)***	
Previous NZ residential address (If "yes" has been ticked above please complete below section)	
Unit/Street no.	
Street name:	Suburb/Town:

Section 2: National Criminal History Record Check - Consent to obtain personal information

(BLOCK LETTERS)

Date:

I

Insert residence residing at | Family name (Current) | Given names (Current)

agree,

Statement of Truth

Use of criminal history information (please read and tick appropriate box below):

1. ☐ I consent to the Department of Health or a Hospital and Health Service (my prospective relevant health employer), as a third party, obtaining information about my criminal history, if any, from the police, courts, prosecuting authorities, or any other relevant law enforcement agencies, in accordance with of the s52 of the *Public Sector Act 2022* ('the criminal history information'). I understand that the position for which I am being considered is in a category for which the following complete exclusion has been granted from the application of the Spent Convictions legislation and that all "spent" convictions and findings of guilt recorded or pending relating to me will be released.
2. ☐ I understand that once my consent is provided my prospective relevant health employer is entitled, by law, to use the criminal history information, if any, to assess my suitability for appointment to the role I have applied for, in accordance with HR Policy B40, the Public Sector Commission Directive No. 08/23 and Chapter 3, Part 5 of the *Public Sector Act 2022*.

Note 1: You must indicate your consent by checking the above boxes. Please see Note 2 for consequences of failure to consent.
Note 2: If you do not consent to the above use of your criminal history information by your prospective relevant health employer, in accordance with s53 of the *Public Sector Act 2022*, your application will not be considered further by the prospective relevant health employer.

Disclosure of criminal history information (please read and tick appropriate box below):

3. ☐ I consent to my prospective relevant health employer disclosing the criminal history information, at any time:

If my prospective relevant health employer is a Hospital and Health Service:

- the Department of Health for secure electronic storage (as the Department of Health is the central administrator of criminal history information) and for use in Criminal History Assessment Panel - Employment screening consent form and Employee movement Temporary consent form its reporting obligations (criminal history information is de-identified for purposes of reporting); and
- a Hospital and Health Service, in the event that I transfer to that Hospital and Health
- Service; or

If my prospective relevant health employer is the Department of Health:

- A Hospital and Health Service, if I transfer to that Hospital and Health Service.

Note 3: If you do not consent to the above disclosure by your prospective relevant health employer, your application for employment cannot be considered further by the prospective relevant health employer.

4. ☐ I consent to the release of information for either a New Zealand Police Vetting Report or a Ministry of Justice Criminal Record Check, if applicable (subsequently you'll tick yes to NZ residency verification).

The information about me that may be released in a NZ Police vetting report or a NZ Ministry of Justice criminal record check can include the following:

a) Conviction histories.
b) Active charges and warrants to arrest.
c) Information subject to name suppression where that information is necessary to the purpose of the vet.

- If I am eligible under the *Criminal Records (Clean Slate) Act 2004*, my conviction history will not be released unless:

a. Section 19(3) of the Clean Slate Act applies to this request (exceptions to the clean slate regime). Please see the vetting website for more information regarding the Clean Slate legislation and when your conviction history may be released.

- Information provided in this consent form may be used to update New Zealand Police records.
- I am entitled to a copy of the vetting report released to the offshore agency (to be provided by the offshore agency) and can request a correction of any personal information by contacting the Police Vetting Service.

For further information about the vetting process, please see the vetting website.

Section 3: Employee Certification

I understand that personal information in relation to my employment may be provided to other health employers within Queensland Health, or other agents engaged by Queensland Health as authorised under relevant legislation in the event of my transfer/movement to another health employer within Queensland Health. This may include pre-employment screening information, payroll and relevant personal information.

Signature of applicant (or parent/guardian if under 18 years of age)

Date

Name of parent/guardian (if applicable)

Signed in the presence of a witness who must be able to verify the identity of the applicant and be aged 18 or over.

Signature of witness

Name of witness

Contact phone number

Upon completion of this form please return to your relevant contact in Queensland Health for progress through to Queensland Police Service.