

VERIFICATION OF APPLICANT IDENTITY BY AN AUTHORISED REFEREE



NATIONAL POLICE CHECKING SERVICE (NPCS)

INFORMATION ABOUT THIS FORM

Who completes this form?

This form is for applicants who have not met the minimum identity proofing requirements outlined in the *Application and Informed Consent* form.

In order to meet the requirements for a nationally coordinated criminal history check, an authorised referee must provide a reference to confirm your identity. The definition of authorised referee is outlined in Section 3.

Privacy and your personal information

Your personal information is protected, including by the Privacy Act 1988 (Cth). This includes all personal information collected and used by the Australian Criminal Intelligence Commission (ACIC), CrimCheck (the ACIC accredited body) and CrimCheck's legal entity customer (if applicable and named below) to verify your identity for a nationally coordinated criminal history check.

You can get more information about how the ACIC handles your personal information on www.acic.gov.au. You can also contact organisation listed as the *Legal Entity Customer* for more information on how your personal information is handled.

SECTION 1 – ACCREDITED BODY DETAILS

Accredited body

Legal name	CrimCheck Ltd
Phone number	03 9955 0300
Email address	support@crimcheck.org.au

Legal entity customer (if applicable)

Legal name
Phone number
Email address

SECTION 2 – APPLICANT'S PERSONAL DETAILS

Please read this before answering the following questions.

This section must be completed and then signed by the applicant in the presence of the authorised referee.

However, if the applicant is in a remote location and is unable to sign in the presence of the authorised referee, the accredited body or legal entity customer should complete this section and provide to the authorised referee, in accordance with instructions from the applicant.

Family name
First given name(s)
Other given name(s)

Other names used or been known by

Please include name at birth, nickname, maiden name, previous married name, Aboriginal or tribal name, aliases etc).

Date of birth	/	/
---------------	---	---

Place of birth

Suburb/town
State/territory
Country

Current residential address

Street address

Suburb/town

State/territory

Postcode

Country

Applicant signature

(to be signed in the presence of the authorised referee)

Signature	
-----------	--

Date	/	/
------	---	---

SECTION 3 – DEFINITION OF AUTHORISED REFEREES

Authorised referees include:

- › Chief Executive Officers, secretaries or chairpersons of incorporated Aboriginal and Torres Strait Islander peoples' organisations, including land councils, community councils, housing organisations councils, community councils and housing organisations
- › community development program providers
- › people recognised by members of the community to be a community elder
- › school principals
- › school counsellors
- › ministers of religion
- › treating health professionals and Aboriginal Medical Services managers
- › people listed in Schedule 2 of the Statutory Declaration Act 1993 (Cth)

SECTION 4 – AUTHORISED REFEREE REFERENCE

This reference must be completed by the authorised referee.

I,

can confirm:

the applicant has signed this document in my presence

or

the applicant currently lives away

and I have identified them as the person named in Section 1 through my personal knowledge of their circumstances

I am an authorised referee

as far as I am aware, all the names the applicant has been known by have been listed in Section 1

I have known the applicant for years
 professionally personally

the applicant's information from
 personal knowledge organisation records
 council records school records
 church records medical records
 other (please provide details below)

I understand that withholding, providing misleading or false details is a Commonwealth offence which may lead to prosecution in accordance with the Criminal Code Act 1995 (Cth).

Signature



Date

/ /

SECTION 5 – AUTHORISED REFEREE DETAILS

Full name

Title or official position

Name of organisation

ABN (if applicable)

Phone number

Seal/stamp (if applicable)