



South Australia Police National Police Check Application

PD267

Please complete page 1 of form online before printing. *Denotes mandatory field
Enquiries: Records Release Unit (T) 08 8204 2455 or (E) SAPOL.records@police.sa.gov.au

APPLICANT DETAILS

Family Name*

First Given Name*

Other Given Name(s)

Specify Other Name Type

Maiden

Previous

Alias

Note: if you have more than one previous name, list on a separate sheet and attach to application

Other Family Name

Other First Given Name

Other Given Name(s)

Current Residential Address*

Send NPC to this address

Suburb/Town

State

Postcode

Postal Address (if different from residential address)

Send NPC to this address

Suburb/Town

State

Postcode

Previous Address

Suburb/Town

State

Postcode

Birth Place - Town/City*

State*

Country*

Home Telephone

Work Telephone

Mobile Telephone

Driver's Licence No.

State

Date of Birth* (DD/MM/YYYY)

Gender*

Male Female

PURPOSE OF CHECK* (If not stated, form will be returned for completion)

Purpose must be clearly specified e.g. Aged Carer - Nursing Home, Youth Leader - Church, Junior Cricket Coach, Visa

CATEGORY*

Employment/Probity/Licensing

Working with Children/Vulnerable Groups

Visa

Access to National Security Information

CHECK TYPE*

Individual (I)

Individual Concession (IC)

Volunteer (VP)

VOAN Volunteer (VC)

Core Check (CR)

Government (EG)

FINGERPRINTS (Livescan fingerprints are preferred)

Livescan Fingerprints required (additional fee required)

SAPOL Use Only

Submitting Organisation - SA Police

Identity Confirmed - Yes

Priority - Normal

Informed Consent - Yes



CONSENT

- I certify that the applicant details I have provided on this form are true and correct. I hereby consent to the release of full details of any person history and any other relevant information including pending charges or outstanding warrants that any Australian State / Federal / Territory Police or Law Enforcement Agency may have in its possession with reference to me. This includes any spent or rehabilitated convictions (however described) under State / Territory / Federal Legislation.
- I discharge and agree to indemnify and hold harmless the State of South Australia, each of the Australian States / Federal / Territory Police or Law Enforcement Agencies and their employees, servants and agents from and against all claims, demands, actions, law suits, proceedings, costs and damages whatsoever arising out of, or in any way connected with, the release or use of the information.

Applicant Signature: Date: / /

Guardian Signature: Date: / /
(If applicant is under 16 years of age)

VOLUNTEER AUTHORITY – Appropriate Section Must Be Completed By Organisation

VOAN (Volunteer Organisation Authorisation Number)

I declare the applicant named on this form is an unpaid VOAN volunteer and the fee is to be paid by the South Australian Government:

VOAN: Organisation: Date: / /

Authorised Officer's Name: Position:

Authorised Officer's Signature: Phone Number:

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VOLUNTEER (Reduced Fee)

I declare the applicant named on this form is an unpaid volunteer and is eligible to pay the reduced fee:

Volunteer Organisation: Date: / /

Authorised Officer's Name: Position:

Authorised Officer's Signature: Phone Number:

PROOF OF IDENTITY (100 Point ID – at least one form of ID from Category A required)

Applicant to present **original ID documents + photocopy** for certification. Please provide **ID in one name** otherwise proof of name change is required (i.e. Marriage Certificate, Deed Poll).

CATEGORY A	POINT VALUE	CATEGORY B	POINT VALUE
<input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Citizenship Certificate	70	<input type="checkbox"/> Public Service Employee ID Card <input type="checkbox"/> Tertiary Education ID Card <input type="checkbox"/> Firearms Licence	40
<input type="checkbox"/> Driver's Licence	40	<input type="checkbox"/> Centrelink Card <input type="checkbox"/> Veteran Affairs Gold Card <input type="checkbox"/> Security Licence	35
Value of Points = _____		<input type="checkbox"/> Mortgage Documents <input type="checkbox"/> Land Title Records <input type="checkbox"/> Proof of Age Card <input type="checkbox"/> Motor Vehicle Registration <input type="checkbox"/> Medicare Card <input type="checkbox"/> Seniors Card <input type="checkbox"/> Council Rates Notice <input type="checkbox"/> Utility Accounts <input type="checkbox"/> Insurance Renewal <input type="checkbox"/> Rent Records <input type="checkbox"/> Bank Statements (cannot be used if Credit/Bank/Debit card is from same account) <input type="checkbox"/> Proof of name Change (e.g. Deed Poll, Marriage Certificate) <input type="checkbox"/> Bank/Credit/Debit Cards (only two cards from different institutions accepted) <input type="checkbox"/> Electoral Enrolment Card	25

PAYMENT - SAPOL USE ONLY

I hereby certify that required fees (if applicable) have been paid. I have witnessed the applicant's signature and am satisfied as to the correctness of applicant's identity. Copies of identification documents are attached.

Employee's name: Signature: ID Number:

Date: / / Amount Paid: (if applicable) \$ Receipt Number:

Return PD267 to VOAN applicants and attach certified copy of identification to this form.

