



APPENDIX A - CRIMINAL RECORD CONSENT FORM

Please provide your full name and all other names / aliases by which you have been known. The Office of the Information Commissioner will be required to sight the original identifying documents and verify your driver's licence number.

The Office of the Information Commissioner must be able to confirm your name, date of birth and signature.

Examples of acceptable identification documents are as follows;

- Australian Drivers Licence
- Passport
- Proof of Age Card
- Government financial benefit card or Recent Income Tax assessment
- Certificate of Birth (or extract) or Marriage
- Australian student identification card
- Debit card
- Australian Naturalisation, Citizenship or Immigration Documentation

	Family Name	First Given Name	Other Given Name 2
Primary Name			
Maiden Name (if applicable)			
Complete Previous / Alias Name if any and circle the appropriate name type			
Previous/Alias Name 1			
Previous/Alias Name 2			
Previous/Alias Name 3			
Date of Birth	(DD/MM/YYYY) / /		
Place of Birth	Suburb / Town:		
	State / Province:		
	Country of Birth:		
Current Residential Address	No./Street		
	Suburb/Town:		
	State	Postcode:	Country:
Date residence commenced	(DD/MM/YYYY) / /		
Driver's Licence	Number:	Issuing State:	
Have you resided in New Zealand for a period greater than 6 months in the previous 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Office use only Id verified
			Signed : _____
			Name: _____

- 1) I certify that I am the applicant herein and that all the details that I have provided are true and correct and that I have not omitted any Maiden Name, previous names or aliases that I have used in the past;
- 2) I give my consent for the Office of the Information Commissioner to provide the information on this form to the Queensland Police Service (and the New Zealand Police where applicable) for the purposes of obtaining my criminal history.
- 3) I give my consent for the Queensland Police Service (and New Zealand Police where applicable) to provide my criminal history to the Office of the Information Commissioner for the purposes of conducting a pre-employment criminal history check.

Name: _____ Signature: _____

Date: _____ / _____ / _____