

## FAR WEST NSW HEALTH COUNCIL APPLICATION FORM

Which Health Council are you applying to be a member of?

Title: Mr / Mrs / Ms / Miss /Other *(please circle)*

Family name:

Given name:

Address:

Town:

Postcode:

Telephone:

(H)

(B)

(M)

Email:

Country of birth (Optional):

Are you of  
Aboriginal or  
Torres Strait  
Islander  
descent?

No

Yes    Aboriginal    Torres Strait Islander    Both

Date of Birth:

Gender:    Male                       Female

National Criminal Record Check Form completed:    Yes                       No

Signature:

Date:

### Office use only:

National Criminal Record Check Form completed:       100 Point Identification Check:

Recommended by:

Health Service Manager:

Date:

Health Council Chair:

Date:

Why are you interested in becoming a Health Councillor?

We would like people on the Health Council to bring ideas from, and take information to their community.

Are you a member of any of the following? (Please list names of groups)

Informal interest groups eg parenting groups

Community support groups

Sport or recreation clubs

Service clubs eg Lions, Rotary

Local professional organisations

What is your area of interest? Please tick all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Mother and baby health                     | <input type="checkbox"/> Children                    |
| <input type="checkbox"/> Kidney services                            | <input type="checkbox"/> Mental health               |
| <input type="checkbox"/> Heart and lung health                      | <input type="checkbox"/> Preventative health         |
| <input type="checkbox"/> Emergency services                         | <input type="checkbox"/> Food services               |
| <input type="checkbox"/> Older people/aged care                     | <input type="checkbox"/> People with a disability    |
| <input type="checkbox"/> Carers                                     | <input type="checkbox"/> Pastoral care services      |
| <input type="checkbox"/> Migrants / refugees                        | <input type="checkbox"/> Governance / administration |
| <input type="checkbox"/> Quality and safety                         | <input type="checkbox"/> Drug health                 |
| <input type="checkbox"/> Aboriginal & Torres Strait Islander people |  |

Other      If Other, please describe:

What skills can you bring to the Health Council?

Referees

Name	Address	Telephone

6. Applicant's statement

I understand and agree that all statements in this application are correct to my knowledge.

Signature ..... Date .....



# NATIONAL CRIMINAL RECORD CHECK CONSENT FORM



Provide your full name as well as any other names / aliases by which you have been known. Employers are required to sight applicant's original identifying documents as per 100 point ID check and retain copies of identification documents.

	Family Name	First Given Name	Given Name 2	Given Name 3
<b>Primary Name</b>				
<b>Maiden Name</b> (if applicable)				
Complete Previous / Alias Name if any and circle the appropriate name type				
<b>Previous/Alias Name 1</b>				
<b>Previous/Alias Name 2</b>				
<b>Previous/Alias Name 3</b>				
<b>Previous/Alias Name 4</b>				
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth</b>	/ /	(dd/mm/yyyy)
<b>Place of Birth</b>	<b>Suburb/Town:</b>			
	<b>State:</b>		<b>Country:</b>	
<b>Current Residential Address</b>	<b>No/Street:</b>			
	<b>Suburb/Town:</b>			
	<b>State:</b>		<b>Postcode:</b>	<b>Country:</b>
<b>Postal Address</b> <small>(if same as Residential Address, write "As Above")</small>				
<b>Previous Address</b> <small>(if any)</small>	<b>No/Street:</b>			
	<b>Suburb/Town:</b>			
	<b>State:</b>		<b>Postcode:</b>	<b>Country:</b>
<b>Email</b>				
<b>Telephone No</b>	<b>Mobile:</b>	<b>Business:</b>	<b>Private:</b>	
<b>Position Applied</b>		<b>Type of Position</b>	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	
If you have used one of these documents to verify your identity, please fill in these details:				
<b>Driver's Licence</b>	<b>Number:</b>		<b>Issuing State:</b>	
<b>Firearms Licence</b>	<b>Number:</b>		<b>Issuing Agency:</b>	
<b>Passport details</b>	<b>Number:</b>		<b>Issuing Country:</b>	
	<b>Type:</b> <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> UN Refugee			

- I acknowledge that I have read the Information sheet provided with this Form and understand that the position for which I am being considered is in a category for which NO exclusion has been granted from the application of the Spent Convictions Scheme, as described under the heading "Spent Convictions Schemes" in the Information sheet.
- 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;
- I acknowledge that any information provided by me on this Form or by Australian Police Services as a result of the records check may be taken into account by NSW Health in assessing my suitability for the above position.
- I consent to: (i) my employer forwarding details obtained from this form to NSW Health;  
(ii) NSW Health forwarding details obtained from this form to the CrimTrac Agency and/or to Australian police services or other relevant law enforcement agencies.
- I consent to:
  - the CrimTrac Agency making enquiries to Australian Police Services;
  - Australian Police Services obtaining and disclosing from their records personal information about me, including any outstanding charges, criminal convictions and findings of guilt recorded against me for any offences in any jurisdiction, that may be disclosed according to the laws of the jurisdiction and, in the absence of any laws governing the release of that information, according to the jurisdiction's information release policy, and forwarding relevant information to the CrimTrac Agency; and
  - the CrimTrac Agency providing relevant information to NSW Health for the purposes of allowing NSW Health to assess my suitability in relation to my employment.

I am aware that if any such records are identified, NSW Health may seek additional information relating to that record from sources such as courts, police, prosecutors and past employers. I understand that the purpose of seeking this information is to enable a full and informed employment risk assessment and that where other information is available, NSW Health will obtain that information for employment risk assessment purposes only. 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.

Name:

Signature:

Date: / /

## 100 Point Identification Check

### Instructions:

1. The 100 point identification check **must** be completed prior to lodgement of a National Criminal Record Check or Working With Children Check or Aged Care Check.
2. Employers are required to sight original identifying documents, certify a photocopy which is to be retained on the applicant's **personnel** file, and ensure that an appropriately delegated officer completes the record of identifying documents below.
3. Identification must be current and should include at least one type of photographic ID and identification that contains a signature and date of birth.
4. The point score of documents produced must total at least 100 points.

Applicant's Name: \_\_\_\_\_

DOCUMENTS	POINTS
<p><b>Verify the name of the preferred applicant using one of:</b></p> <ul style="list-style-type: none"> <li>- Birth Certificate</li> <li>- Birth Card issued by the NSW Registry of Births, Deaths and Marriages</li> <li>- Citizenship Certificate</li> <li>- Current Australian passport</li> <li>- Expired Australian passport which has not been cancelled and was current within the preceding 2 years</li> <li>- Current passport from another country or diplomatic documents</li> </ul>	70
<p><b>Verify the name and photograph/signature of preferred applicant from one or more of these (the first item used from this list is worth 40 points. Any additional items used are worth only 25 points each):</b></p> <ul style="list-style-type: none"> <li>- Current driver photo licence issued by an Australian state or territory</li> <li>- Identification card issued to a public employee</li> <li>- Identification card issued by the Australian or any state government as evidence of a person's entitlement to a financial benefit</li> <li>- Identification card issued to a student at a tertiary education institution.</li> <li>- Name of preferred applicant verified in writing, signed by both the person giving it and the applicant, from one of the following: <ul style="list-style-type: none"> <li>- A financial body certifying that the applicant is a known customer.</li> <li>- An acceptable referee under AUSTRAC Guideline No. 3 (<a href="http://www.austrac.gov.au/files/guideline_3.pdf">www.austrac.gov.au/files/guideline_3.pdf</a>)</li> </ul> </li> </ul>	40
<p><b>Verify name and address of preferred applicant from one or more of these:</b></p> <ul style="list-style-type: none"> <li>- Document held by a cash dealer giving security over property</li> <li>- A mortgage or other instrument of security held by a financial body</li> <li>- Council rates notice</li> <li>- Document from current employer or previous employer within the last two years</li> <li>- Land Titles Office record</li> <li>- Document from the Credit Reference Association of Australia.</li> </ul>	35

DOCUMENTS	POINTS
<p><b>Verify name of preferred applicant from one or more of these:</b></p> <ul style="list-style-type: none"> <li>- Current credit card or account card from a bank, building society or credit union</li> <li>- Current telephone, water, gas or electricity bill</li> <li>- Foreign driver's licence</li> <li>- Medicare Card</li> <li>- Electoral roll compiled by the Australian Electoral Commission</li> <li>- Lease/rent agreement</li> <li>- Current rent receipt from a licensed real estate agent</li> <li>- Records of a primary, secondary, or tertiary educational institution attended by the applicant within the last 10 years</li> <li>- Records of a professional or trade association of which the applicant is a member.</li> </ul>	25
<p><b>Verify name of preferred applicant using:</b></p> <ul style="list-style-type: none"> <li>- one document from the 70 point list above or</li> <li>- a student card or a letter signed by the principal, deputy principal, head teacher, deputy head teacher or enrolment officer, confirming that the applicant currently attends the institution.</li> </ul>	<b>Applicants under 18</b>

*Employers to note:* if an applicant is unable to provide documents to meet the identification requirements due to their personal circumstances or special needs, the employer should contact his or her Approved Screening Agency for assistance.

### Record of identifying documents:

Please record relevant details in the table below:

Description of document	Date of Issue	Place/ Office of issue/ issuing organisation	Expiry date	Ref. or doc. number	Points
<b>Total points</b>					

<b>Name and position title of officer sighting documents</b>	<b>Date:</b>
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**NOTE:** This 100 point identification is adapted to accord with the Commonwealth *Financial Transaction Reports Act 1988* as required by the CrimTrac Agency and NSW Commission for Children and Young People – Working with Children Check Guidelines February 2010