

SAFE NT

Phone 1800 723 368 (1800 SAFENT)

SAFE NT - NT Police

Email safent.police@nt.gov.au

Mail

Save time and APPLY ONLINE https://forms.pfes.nt.gov.au/safent/

Office Location

Ground Floor, 37 Woods Street Darwin

Opening Hours

Monday - Thursday 8.30am - 4.30pm Friday 9.30am - 4.30pm



workingwithchildren clearance - application

GPO Box 39764 Winnellie NT 0821

OFFICE USE ONLY						
Date Received / / Receipt No	Lodged at	Entered				
For applicants seeking paid employment in Child-related work. Print all responses in block letters. All sections must be complete - insufficient information will result in the application being returned unprocessed.						
SECTION A - DETAILS OF APPLICANT (this section mu	st be completed)					
Title: Mr Mrs Miss Ms Mx Dr	;	Sex: Male F	emale X			
Family name/surname						
First given name	Other given name/s					
Daytime contact	Mobile number					
Email address						
Date of birth / / (dd/mm/yyyy)						
Place of birth Town / City State		Country				
Other Names: Have you been known by any other name? eg	g. name before marriage, alias,	changed by deedpoll.				
Maiden name Former name Also known as Given name/s		Surname				
OR OR						
Former name Also known as Given name/s OR		Surname				
Please attach a separate sheet to list other names that you have been previously	known as.					
Australian Postal Address (Your Clearance Notice and Ochre Card will I		s otherwise requested in	section E)			
PO Box number/Street number/Street name	Suburb/town	State	Postcode			
Please check all details, including postcode, are correct. SAFE NT takes no response		nformation is provided.				
Current Residential Address (must not be a PO Box or Business Addre (A current residential address must be supplied in order to p	,)				
Street number/Street name	Suburb/town	, State	Postcode			
SECTION B - PREVIOUS RESIDENTIAL ADDRESS	(this section must be compl	eted)				
			luding your ourrent			
Please list previous residential addresses for the past 5 years residential address. If you cannot remember exact details, pleas separate page if you require further space.						
Street number/Street name	Suburb/town	State	Postcode			
Date from: (dd/mm/yyyy) / / Date to: / /	Country if outside A	ustralia				
Street number/Street name	Suburb/town	State	Postcode			
Date from: (dd/mm/www) / / Date to: / /	Country if outside A	ustralia				

ATTACH PHOTO DO NOT STAPLE

SECTION C - ATTACH PHOTO HERE

A Clearance Notice will be accompanied by an "Ochre Card", that can be presented as evidence of the persons clearance to work in child-related employment. This card contains the holders photograph and unique Clearance Notice Number. A new photo must be provided for all new and renewal applications.

Attach a passport size and quality photo to your application. **Do not staple to the page.** See website for details on acceptable images. You do not need to attach a photo if you are lodging your application in person at SAFE NT.

SECTION D - PURPOSE OF CHECK	
Application type: (tick one)	
New Application OR Renewal Clearance N	Number Expiry Date
Type of employment: (tick one)	
Self employed OR Current Employee in Child	d-related work OR Seeking employment in Child-related work
Occupation / brief description of role in child-related w	vork
SECTION E - TEACHER REGISTRATION BOA	RD
Do you require registration with the NT Teacher Registration	on Board to work as a school teacher?
Yes (you must sign below) No (go to the next s	section)
By signing:	
	ficate containing my criminal history as identified from the working with n Board of the Northern Territory for its consideration pursuant to the rn Territory) Act; and
	nt me from being registered and employed as a school Teacher , even
Signed	Date / / (dd/mm/yyyy)
Note: Consent must be given at the time of application. Retrospective not	tification will not be accepted.
SECTION F - EMPLOYER DETAILS	
	ges you in child-related employment, if your Clearance Notice is
revoked or subject to imposed conditions.	goo you oa .o.a.oo op.oyo, you. o.ooaoo
Name of employer organisation	
Poetal address of organization	
Postal address of organisation	
Daytime Contact phone number Contact name/ Title of org	ganisations representative
	у

s	ECTION F - EMPLOYER DET	AILS CONTIN	NUED			
Th	e following information is required:					
	It is your responsibility to confirm details			pe sent directly to your personal Postal Address. children with your employer or potential employer.		
	OR Please send to my employer. I consent to my personal information being delivered to this organisation listed. Note: only one Ochre Card will be produced. Additional copies can be purchased from SAFE NT - conditions apply.					
NT	Government Employees					
	nployees of the Northern Territory G mber, please list all in the space pro		asked to	provide your AGS number. If you have more than one A	AGS	
AG	SS					
S	SECTION G - PROOF OF IDEN	ITITY				
Pr	oof of identity documentation					
Ap 10 cu	pplicants must attach a copy of a min 0 points. Identification must include	at least one typ and date of birth	e of phot n. All ID n	of acceptable identification from the list below with a min to ID (Category A) plus identification that contains the a must be in the same name or you must provide a chang	applicant's	
	tegory A u must have at least ONE Categor	y A document		Category B		
1.	Passport (Australian/Foreign) = 70	points		7. Australian citizenship certificate = 70 points		
2.	Australian drivers licence = 40 poin	nts 8. Birth certificate = 70 points				
3.	Australian issued Firearms licence	nce = 40 points		9. Centrelink cards = 25 points		
4.	Australian evidence of age card (18+) = 40 points			10. Government employee ID = 40 points		
5.	Working with children or vulnerable person clearance = 40 points	orking with children or vulnerable		11. Statutory declaration as to identity containing image of applicant = 40 points		
6.	, ,	•		12. Medicare card = 25 points		
	name and DOB from an Aboriginal Land Counci = 40 points			 Property rates notice/utilities notice (with current residential address) = 25 points 		
	•	points - must be 100 points or more wo (2) types of acceptable identification				
				locuments used to verify your ID. You must include in ncluding licence/passport/ID number and expiry date.		
Ca	tegory A document. Please identify	document num	ber from	list above (1–6).		
Pa	ssport/licence/ID number					
Sta	ate of Issue			Expiry Date /	/	
Со	Country of Issue					
	ner document provided. Please ide is can be a second Category A docu	•	number fr	rom list above (1–15).		
Ca	rd/licence/membership/ID number					
Sta	ate of Issue			Expiry Date /	/	
Со	untry of Issue					

SECTION G - PROOF OF IDENTITY CONTINUED

In certain circumstances of hardship an application may be made to the Screening Authority for the ability to vary the requirement for meeting 100 points. For further information contact: safent.police@pfes.nt.gov.au. If you are under the age of 18, then one document from Group A or a statutory declaration of identity attesting that you are a current student of the school made by a Principal of that school will be sufficient to satisfy the 100 point check.

SECTION H - CANDIDATES/APPLICANTS DECLARATION

I certify the information contained in this application is true and correct, and that I have disclosed all names, including aliases used by me now or in the past. I am aware it is an offence to give false or misleading information.

I consent to SAFE NT conducting a Working with Children Screening check on me to determine my suitability to engage in Child-related work. I understand SAFE NT will obtain information about my criminal history and any additional information relating to that record from sources which may include courts, police, prosecution agencies or previous employers. I understand that the information obtained includes, but is not limited to, details of convictions and pending charges or information relating to offences committed or allegedly committed by me, regardless of when and where the offence or alleged offence occurred.

and where the offence or alleged offence occurred.

I understand SAFE NT will make use of that information and any subsequent information about my criminal history which may be obtained to enable a full and informed assessment of risk.

Date

SECTION I - LODGING YOUR APPLICATION FORM				
Г	Have you completed all sections of this form?			
Ī	Have you attached copies of ID to the value of 100 points including at least one photographic ID?			
	Have you attached a passport size and quality photograph of yourself (not required if lodging form in person at SAFE NT)?			
	Have you decided how you will pay?			

Applications that are emailed will NOT be accepted. Applications will not be processed unless payment is made.

Lodge and pay with SAFE NT

In person
Cash, Cheque/Money Order, EFTPOS/Credit Card
SAFE NT

Ground Floor 37 Woods St, Darwin

Office hours

Signed

Mon-Thurs 8.30am - 4.30pm Friday only 9.30am - 4.30pm

Via mail

Option 1 - Mail application and payment Cheque or money order - No cash

SAFE NT PO Box 39764 WINNELLIE NT 0821

Option 2 – Mail application and pay over the phone

Visa/Mastercard

Provide contact details below and SAFE NT will call you to take your credit card payment.

(dd/mm/yyyy)

Over the phone payment for mailed applications – nominate the best contact person and contact number below.

Name of contact person	Contact number	

Lodge and pay in person with a Territory Business Centre

Payment options are cash, credit card or EFTPOS.

Darwin
Building 3
Darwin Corporate Park
631 Stuart Highway
Berrimah, Darwin
Opening hours
Mon – Fri
8.00am – 4.30pm

Katherine

Big Rivers Government Centre 5 First Street Katherine

Opening hours Mon – Fri 8.00am – 4.30pm Tennant Creek

Shop 2 Barkly House Cnr Davidson Street and Paterson Street Tennant Creek

Opening hours Mon – Fri 8.00am – 4.21pm Alice Springs

Green Well Building 50 Bath Street Alice Springs

Opening hours Mon – Fri 8.00am – 4.00pm

Contact: Phone: 1800 723 368 Postal: SAFE NT - PO Box 39764 WINNELLIE NT 0821

Web: www.pfes.nt.gov.au/safent Email: safent.police@nt.gov.au