

# **SAFE NT**

GPO Box 39764 Winnellie NT 0821

**Phone** 1800 723 368 (1800 SAFENT)

SAFE NT - NT Police

Email safent.police@nt.gov.au

**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



## **NATIONAL POLICE CHECK**

Mail

Application for Criminal History Check and consent to release N	ational Police Certificate. Please complete in BLOCK le	etters					
OFFICE USE ONLY							
Date Received / / CNI	PN						
Receipt No Lodged at	Entered						
CHECK REQUIRED (this section must be completed)							
FINGERPRINT & NAME CHECK* NAME CHECK	NAME CHECK VOLUNTEER CONCESSION - Complete Sec	tion E					
*You must supply your fingerprints with this application. Fingerprints can be take Call (08) 8985 8985 for information and bookings. Visit www.pfes.nt.gov.au/safe							
SECTION A - DETAILS OF APPLICANT (this section mu							
Title: Mr Mrs Miss Ms Mx Dr	Sex: Male Female	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? e	g. name before marriage, alias, changed by deedpoll.						
Maiden name Former name Also known as Given name/s							
OR OR							
Former name Also known as Given name/s	Surname						
OR							
Please attach a separate sheet to list other names that you have been previously	v known as.						
Australian Postal Address (Your National Police Certificate will be maile	d to this address)						
PO Box number/Street number/Street name	Suburb/town State Postco	ode					
Please check all details, including postcode, are correct. SAFE NT takes no responsibility where undeliverable information is provided.							
Current Residential Address (must not be a PO Box or Business Address)  (A current residential address must be supplied in order to process this application)							
Street number/Street name	Suburb/town State Postco	ode					
Cou	ntry						

Please provide details of your previous resid	ientiai addresses for the		•	
Street number/Street name		Suburb/town	State	Postcode
Date from: (dd/mm/yyyy) / /	Date to: / /	Country if outside Australia		
Street number/Street name		Suburb/town	State	Postcode
Date from: (dd/mm/yyyy) / / Da	ate to: / /	Country if outside Australia		
Street number/Street name		Suburb/town	State	Postcode
Date from: (dd/mm/yyyy) / / Da	ate to: / /	Country if outside Australia		
Please attach a separate sheet if you require further sp	ace to list other previous resid	ential addresses over the past 5 yea	ars.	
SECTION C - PURPOSE OF CHECK	ζ			
This section must be completed.				
When compiling a National Police Certificate check. If information is obtained from other pthat of the Northern Territory is applied to the purpose of your check, which is listed on you	police jurisdictions, the re e information before it is	elevant legislation or policy fo	or that jurisdiction	on, together with
What is the role you need this check for?				
Ple	ease check with your employe	r or licensing authority if unsure		
Once the certificate is issued, the purpos	e cannot be changed.			
Provide a brief description of the work you w	rill be doing.			
SECTION D - EMPLOYER ORGANIS	SATION / LICENCIN	IG AUTHORITY DETAIL	_S	
Name of employer organisation/licencing au				
	<u> </u>			
Postal address of organisation				
Daytime Contact phone number Pos	sition title of organisation	's representative (e.g. HR Man	ager, Licensing Bo	ard)
Please tick if you require the original res	sults of this check to be	sent directly to the organisati	on listed above	<b>;</b>

Note: only one certificate will be produced. Additional copies can be purchased - conditions apply.

## SECTION E - VOLUNTEER ORGANISATION DETAILS (this section must be completed by the volunteer organisation you will be working for)

	be eligible for the Volunteer Concession fee this section me of organisation	n must	be completed by your employer/volunteer organisa	ition.
Po	stal address of organisation			
Da	ytime Contact phone number.			
	Please tick if you require the original results of this ch Note: only one certificate will be produced. Additional copies can be	neck to be purcha	be sent directly to the volunteer organisation listed ased - conditions apply.	above
То	be completed by CEO/Manager of Volunteer Organ	isatior	1	
	ertify that the person named on this form is a registered financial gain from the work that they undertake on our			ent, benefi
Na	me/position			
Wh	nat is the volunteer role?			
Sig	gnature		Date signed	
			/ / (dd/mm/yyyy)  (Must be completed no earlier than 3 months from the date of application lodgement)	
S	ECTION F - PROOF OF IDENTITY		auto or approaction roagomonty	
Ap 10 cui	poof of identity documentation  plicants must attach a copy of a minimum of two (2) typ  points. Identification must include at least one type of  rent residential address, signature and date of birth. All  tificate. All documents must be current or valid.	f photo	ID (Category A) plus identification that contains the	applicant's
	tegory A u must have at least ONE Category A document		Category B	
1.	Passport (Australian/Foreign) = 70 points		7. Australian citizenship certificate = 70 points	
2.	Australian drivers licence = 40 points		8. Birth certificate = 70 points	
3.	Australian issued Firearms licence = 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		<ol> <li>Statutory declaration as to identity containing image of applicant = 40 points</li> </ol>	
6.	, ,		12. Medicare card = 25 points	
	name and DOB from an Aboriginal Land Council = 40 points		<ol> <li>Property rates notice/utilities notice (with current residential address) = 25 points</li> </ol>	
	Add total points - must be 100 points or more minimum two (2) types of acceptable identification		<ul><li>14. Bank statement (with current residential address) = 25 points</li></ul>	

### **SECTION F - PROOF OF IDENTITY CONTINUED**

from at least one Category A docume							
Category A document. Please identify	document number from li	st above (1–6)		Copies of all to this applic	ID must be a	attache	ed .
Passport/licence/ID number							
State of Issue				Expiry Date	э ,	/	/
Country of Issue							
Other document provided. Please ide This can be a second Category A document	-	om list above (	1–15).				
Card/licence/membership/ID number							
State of Issue				Expiry Date	э ,	/	/
Country of Issue							
In certain circumstances of hardship an ap For further information contact: safent.polic		NFE NT for the a	bility to vary	the requireme	ent for meet	ting 10	00 points.
If you are under the age of 18, then one do the school made by a Principal of that scho				ity attesting tha	at you are a	curre	nt student of
SECTION G-CERTIFICATION	AND STATEMENT OF	CONSENT	AND IND	EMNITY (th	is section m	iust be	completed)
I certify that I am the applicant named in that I have or may have used previously. I				correct. I have	not omitted	d nam	es or aliases
I consent to the release of details of any Records (Spent Convictions) Act 1992, co and/or organisation listed on this form.							
I hereby indemnify the Northern Territor against all liabilities and against all actions in respect of the release or use hereunder	, suits, proceedings, claims, c	demands, costs,	and expens	ses whatsoeve	r which may	y be ta	aken or made
Name of applicant							
Signature			Date Signed				
				/ /			
SECTION H - LODGING YOUR	APPLICATION AND	PAYMENT O	PTIONS				
Applications that are emailed will NOT	be accepted. Applications	s will not be pro	ocessed u	nless paymeı	nt is made		
Lodge and pay with SAFE NT							
			application	and payment No cash			
Ground Floor 37 Woods St, Darwin		SAFE NT PO Box 39764 WINNELLIE NT 0821					
Office hours Mon-Thurs 8.30am – 4.30pm Friday only 9.30am – 4.30pm		Option 2 – Mai	l application	n and pay over	the phone		
·		Provide contact details below and SAFE NT will call you to take you credit card payment.				to take your	
Over the phone payment for mailed	applications - nominate	the best con	tact perso	on and conta	act numbe	er bel	ow.
Name of contact person			•	Contact nur			

#### **SECTION H - LODGING YOUR APPLICATION AND PAYMENT OPTIONS CONTINUED**

#### 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

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