

SAFE NT

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

Phone 1800 723 368 (1800 SAFENT)

Email safent.police@nt.gov.au (enquiries only inbox Ground Floor, 71 Smith Street Darwin

- Applications sent via email will not be processed)

Mail SAFE NT - NT Police

GPO Box 39764 Winnellie NT 0821

Office Location

Ground Floor, 71 Smith Street Darwin **Opening Hours**

Tuesday - Thursday 8.30am - 4.00pm Friday 9.30am - 4.00pm



NATIONAL POLICE CHECK

Application for Criminal History Check and cor	nsent to release Nat	tional Police Cert	tificate. Pleas	e complete i	n BLOCK letters
OFFICE USE ONLY					
Date Received / / CI	NI	SF	ol		
Receipt No Lo	odged at	En	ntered		
CHECK REQUIRED (this section must be co	ompleted)				
FINGERPRINT & NAME CHECK*	ME CHECK	NAME CHECK VO	DLUNTEER CO	ONCESSION -	Complete Section E
*You must supply your fingerprints with this application. Fin Call (08) 8985 8985 for information and bookings. Visit ww	• ,			ons by appointn	nent only.
SECTION A – DETAILS OF THE APPLIC					
Title: Mr Mrs Miss Ms M	lv Dr		Sex:	Mala 🔲 E	emale X
Family name/surname	lx Dr				gal single name
First given name		other given name/		orlly Have a leg	gai sirigie riarrie
Daytime contact		Nobile number			
Email address					
	dd/mm/uuu)				
, ,	dd/mm/yyyy)			S	
Place of birth Town / City	State			Country	
Other Names: Have you been known by any		name before marriage			
	Given name/s		Surn	апе	
	└ Given name/s		L Surn	ame	
OR					
Please attach a separate sheet to list other names that you	have been previously ki	nown as.			
Australian Deptal Address (V. W. C. 10 C.					
Australian Postal Address (Your National Police C PO Box number/Street number/Street name	ertificate will be mailed t	o tnis address) Suburb/towr	n	State	Postcode
Please check all details, including postcode, are correct. SA	AFE NT takes no respons	sibility where undelive	erable informatio	on is provided.	
Current Residential Address (must not be a PO E					
(A current residential address must be supp	lied in order to pro		•	0.1	5
Street number/Street name		Suburb/towr	n	State	Postcode
	Count	try			

SECTION B - PREVIOUS RESIDENTIAL ADDRESSES Please provide details of your previous residential addresses for the last 5 years only. Street number/Street name Suburb/town State Postcode Date to: Country if outside Australia Date from: (dd/mm/yyyy) / / / Street number/Street name Suburb/town State Postcode Date from: (dd/mm/yyyy) Date to: Country if outside Australia 1 1 Street number/Street name Suburb/town State Postcode Date to: Country if outside Australia Date from: (dd/mm/yyyy) Please attach a separate sheet if you require further space to list other previous residential addresses over the past 5 years. **SECTION C - PURPOSE OF CHECK** This section must be completed. When compiling a National Police Certificate containing your criminal history information, NT Police conduct a national name check. If information is obtained from other police jurisdictions, the relevant legislation or policy for that jurisdiction, together with that of the Northern Territory is applied to the information before it is released. The legislation to be applied is determined by the purpose of your check, which is listed on your certificate. What is the role you need this check for? Please check with your employer or licensing authority if unsure Once the certificate is issued, the purpose cannot be changed. Provide a brief description of the work you will be doing. SECTION D - EMPLOYER ORGANISATION / LICENCING AUTHORITY DETAILS Name of employer organisation/licencing authority Postal address of organisation Position title of organisation's representative (e.g. HR Manager, Licensing Board) Daytime Contact phone number

Please tick if you require the original results of this check to be sent directly to the organisation listed above

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

SECTION E – VOLUNTEER ORGANISATION DETAILS

	be eligible for the Volunteer Concession fee this sec me of organisation	tion must	pe completed by your employer/volunteer organisati	on.
Po	stal address of organisation			
To I co or Na	Please tick if you require the original results of this Note: only one certificate will be produced. Additional copies cale be completed by CEO/Manager of Volunteer Organ ertify that the person named on this form is a register financial gain from the work that they undertake on ome/position	n be purchas anisation ed volunte		
Pro Ap 100 cui	pnature SECTION F - PROOF OF IDENTITY Dof of identity documentation plicants must attach a copy of a minimum of two (2) 0 points. Identification must include at least one type rrent residential address, signature and date of birth. rtificate. All documents must be current or valid.	of photo	D (Category A) plus identification that contains the	applicant
Са	tegory A u must have at least ONE Category A document	(Category B	
 1. 2. 3. 4. 5. 6. 	Australian drivers licence = 40 points Australian issued Firearms licence = 40 points Australian evidence of age card (18+) = 40 points Working with children or vulnerable person clearance = 40 points		 7. Australian citizenship certificate = 70 points 8. Birth certificate = 70 points 9. Centrelink cards = 25 points 10. Government employee ID = 40 points 11. Statutory declaration as to identity containing image of applicant = 40 points 12. Medicare card = 25 points 13. Property rates notice/utilities notice (with current residential address) = 25 points 14. Bank statement (with current residential address) = 25 points 	

SECTION F - PROOF OF IDENTITY CONTINUED

from at least one Category A document from						
Category A document. Please identify docume	nt number from list above (1–6).	Copies of all ID r	must be attached n			
Passport/licence/ID number						
State of Issue		Expiry Date	1 1			
Country of Issue						
Other document provided. Please identify document.	ument number from list above (1–15).					
Card/licence/membership/ID number						
State of Issue		Expiry Date	1 1			
Country of Issue						
In certain circumstances of hardship an application of further information contact: safent.police@pfes.		vary the requirement f	or meeting 100 points.			
If you are under the age of 18, then one document fithe school made by a Principal of that school will be		dentity attesting that yo	u are a current student of			
SECTION G $-$ CERTIFICATION AND ST	TATEMENT OF CONSENT AND I	NDEMNITY				
I certify that I am the applicant named in this form at that I have or may have used previously. I have rea			omitted names or aliases			
I consent to the release of details of any conviction Records (Spent Convictions) Act 1992, convictions and/or organisation listed on this form.						
I hereby indemnify the Northern Territory of A against all liabilities and against all actions, suits, prin respect of the release or use hereunder of any de	oceedings, claims, demands, costs, and ex	kpenses whatsoever w	hich may be taken or made			
Name of applicant						
Signature	Date Signed					
		1 1				
SECTION H - LODGING YOUR APPLI	CATION AND PAYMENT OPTIO	NS				
Applications that are emailed will NOT be acce	nted Applications will not be processe	d unless payment is	made			
Lodge and pay with SAFE NT	prod., Applications will not so proceed	a amood paymont to	mado.			
In person Cash, Cheque/Money Order, EFTPOS/Credit Card		Option 1 - Mail application and payment				
SAFE NT Ground Floor	SAFE NT	Cheque or money order - No cash SAFE NT				
71 Smith St, Darwin	PO Box 39764					
Office hours Tues -Thurs 8.30am – 4.00pm	Option 2 – Mail applic	Option 2 – Mail application and pay over the phone				
Friday only 9.30am – 4.00pm	Visa/Mastercard Provide contact detail	Is helow and SAFE NT	will call you to take your			
	credit card payment.	Provide contact details below and SAFE NT will call you to take your credit card payment.				
Over the phone payment for mailed applicat	tions – nominate the best contact pe	rson and contact n	umber below.			
Name of contact person		Contact number				

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

KatherineBig 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: Web:

8.00am - 4.30pm

e: 1800

1800 723 368

www.pfes.nt.gov.au/safent

Postal: Email: SAFE NT - PO Box 39764 WINNELLIE NT 0821

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