

Please Note: The police check application form on the following page cannot be processed unless we receive a photocopy of your driver's license, passport or two forms of identification.

The form you originally filled in must be returned as well, we cannot accept emailed, faxed or photocopied police check forms.

When completed, please send this form to:

QCCN

Po box 235

Clontarf Beach QLD 4019



QUEENSLAND POLICE
AUTHORITY AND INDEMNIFICATION

CONSENT TO CHECK NATIONAL POLICE RECORDS
AND ADVISE A THIRD PARTY

(Family Name)	MR/MRS/MS/MISS
(Given Names)	
(Former Maiden Name, Married Name/s, or Aliases)	
(Residential Address)	
POSTCODE	
TELEPHONE PRIVATE)	BUSINESS)

DATE OF BIRTH	/ /	PLACE OF BIRTH	
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PROOF OF IDENTITY

Attach a legible - * photocopy of your current Driver's License OR * photocopy of your current passport including photograph and signature OR * photocopies of two other forms of identification bearing your signature.

NAME OF THIRD PARTY	<i>Queensland Community Care Network</i>
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This check is for the purpose of undertaking work with the Third Party that is unpaid as a **Volunteer**.

I, whose personal particulars are set out above, authorise the Commissioner of Police or his servants or agents to:
 check my name against records that are held by the Queensland Police Service or are available to them nationally from other Australian Police Services, and I further agree to provide my fingerprint impressions if required for checking purposes, and if I do not have a conviction or I only have a conviction that cannot be disclosed by virtue of the Criminal Law (Rehabilitation of Offenders) Act 1986 (Qld) to advise the above-named third party that I do not have a conviction that can be disclosed. If I have a conviction that can be disclosed, I agree to the issue and supply to me of a Police Certificate containing that information, and authorise the Queensland Police Service to advise the above-named third party to that effect. I clearly understand that any advice to the above named third party may be considered by them and may affect any application I have made with them for a position of trust or employment, or as the case may be.
 I hereby agree not to take or suffer or permit to be taken any legal action whatsoever or howsoever against the Crown in the right of the State of Queensland, the Commissioner of Police or any member or agent of the Queensland Police Service in respect of the advice given to a third party or the disclosure or use of information relating in any way to records under the name supplied.

SIGNATURE OF PERSON	
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IN THE PRESENCE OF:

SIGNATURE OF WITNESS	
PRINTED NAME OF WITNESS	

DATE / /