



A. O	ORGANISATION DETAILS: Registered Name														Contact Telephone																		
																							1	1					1				
Busine	ss A	٨ddr	ess																														_
Street								1	1										1				1	1					1			1	
Suburb																							5	State				Post	code				
Mailing	Ad	dres	s													 	 																
Street														1		1		1		1		1											
Suburb			1					1						1		1		1	1	1		1	5	State				Post	code				
ABN													С	onta	ct				1					Fax									

B. APPL	ICANT DETAILS: Family Nam	e	Contact Telephone													
Given Name	95															
		d d m m y y y y	Place of Birth (Town/City)													
Male	Female Date of Birth															
Position																
E-mail																

Q 1.How many applications will your organisation process p.a. on an ongoing basis? (Note **minimum** volume is 50 p.a.)

.....

Q 2. What will be the purpose of the applications? (eg, employment or licensing purposes) Please provide types of employment and/or licences.

Q 3. Are the applications required to meet a legislative requirement? If yes, provide details of the specific legislation.

Q 4. Are the categories of employment or purpose of the checks to be submitted exempt from the NSW Criminal Records Act 1991? If yes provide details of the legislation supporting the exemption.

••••••	 ••••••	••••••••••••••••••••••••••••••••••••	

Q 5.		•									Ŭ			•			•				•	•									
	 	 ••	 	 	••	••		 	 	 	 	 	 			 															

.....

P 82

 Q 6. Are any checks required for the purpose of child related employment screening as defined within the NSW Commission for Children and Young People Act 1998? If yes provide details

 Q 7. If not required to meet a legislative requirement, explain how conducting the checks will provide a benefit to the community.

 Q 8. Please provide the full name, date of birth and work location of persons that your organisation wishes to become authorised personnel to confirm applicant's identities and process checks. (If insufficient space, submit details on a separate sheet)

Registered Organisations are required to submit checks electronically using a batch upload.. Paper forms are not to be submitted to the Criminal Records Section. An electronic input application will be provided to your organisation upon approval.

Terms and Conditions of Registration

I,.....hereby apply, for and on behalf of the applicant, for registration of the applicant as a Registered Organisation with NSW Police, for the purpose of applying for National Police Certificates.

I certify that I am authorised to make this application on behalf of the applicant and have the authority to bind the applicant to the following terms and conditions, which I understand form the sole basis upon which registration will be granted by NSW Police Force, at its discretion:

In consideration of NSW Police Force granting and continuing the above registration, the Registered Organisation will:

- 1. verify the identity of all applicants (for National Police Checking Service checks (NPCS) by sighting three (3) acceptable types of identity (original documents) listed on page two of National Criminal History Record Checking application forms.
- 2. strictly comply with all applicable state and federal privacy legislation.
- not release any criminal record information contained in any National Police Certificate ("criminal record information") to another person or organisation, without the prior written consent of the person to whom the information relates, unless compelled by law.
- 4. not, under any circumstances, sell or trade criminal record information to another person or organisation.
- 5. pay NSW Police Force invoices within 30 days.
- 6. discuss the criminal record information to whom that information relates, before acting upon that information.
- 7. use the criminal record information only for the purpose on the application form.
- promptly notify the NSW Police Force of any attempts by its staff or other persons to fraudulently apply for or obtain a National Police Certificate.

[signature]	
Position held:	
[signature of witness]	[Print full name of witness]
Position held:	
Date:	
A completed "Customer Creation" Form must b	a completed and accompany this appli

A completed "Customer Creation" Form must be completed and accompany this application. Forms are available to download from <u>www.police.nsw.gov.au</u>.

Completed applications should be mailed to the Manager, NSW Police Force, Criminal Records Section, Locked Bag 5102, Parramatta NSW 2124.