

Health Risk Assessment

APPLICANT INFORMATION

To be completed by the applicant.

Given name/s

Surname

Date of Birth (dd/mm/yy)

APPLICANT INFORMATION

I (Print full name)

authorise the medical practitioner/s named below to provide information to the NSW Police Force regarding my medical information. I also authorise the NSW Police Force to contact the medical practitioner/s listed below to exchange relevant written and verbal information, should it be required.

Medical practitioner's name/s

Applicant Signature

Date (dd/mm/yy)

APPLICANT INFORMATION

I (Print full name)

have provided a complete and detailed history to the medical practitioner/s of any past symptoms or diagnoses of mental or neurological conditions.

I (Print full name)

have reported to the medical practitioner/s any past instances of threats, thoughts, actions, or behaviours associated with self-harm, suicide, or violence towards others as they may be relevant to the assessment of my suitability to hold a firearms licence.

Understand that making a statement or providing information that I know to be false or misleading, is an offence under Section 70 of the *Firearms Act 1996*.

Applicant Signature

Date (dd/mm/yy)