

PROFESSIONAL SUITABILITY DECLARATION & CONSENT



The NSW Police Force reserves the right to alter any professional suitability or employment requirement outlined herein without prior notice. Please confirm that you have read and understood each of the following statements by placing a tick in each of the checkboxes. Should you require clarification on any aspect, please contact the NSW Police Recruitment Branch on 1800 222 122..

1. DECLARATION BY APPLICANT

I,

(Applicant's name in BLOCK LETTERS)

Date of Birth

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☐ Hereby make application for a Professional Suitability Assessment to be conducted by the NSW Recruitment Branch.

☐ Agree that the information and documentation I have supplied in this online application is complete and correct in every detail.

☐ Agree that I have completed and attached to my online application all required documentation, including:

☐ Evidence of Education and Academic Qualifications, and

☐ Any other documents relevant to my Police Application as outlined in the Document Checklist (see online Police Application)

☐ Am aware that any false or misleading information supplied by me will result in my application being assessed as professionally unsuitable.

☐ Understand that I am obliged to notify the NSW Police Force Recruitment Branch immediately of any circumstance which would alter the responses or information I have provided in this application.

☐ Understand that any failure, on my part, to notify the NSW Police Force Recruitment Branch of any change in circumstances may result in me being deemed professionally unsuitable and denied any opportunity for employment.

☐ Understand that my inability to satisfy professional suitability requirements now, or in the future, will affect my opportunity to enrol in the Associate Degree in Policing Practice (or associated programs), or if enrolled, my ability to continue in the program.

☐ Understand that the NSW Police Force Recruitment Branch will notify Charles Sturt University of any change in my professional suitability status.

☐ Understand that a change in my professional suitability status is likely to result in cessation of policing scholarship payments, if such a scholarship has been awarded.

☐ Understand that failure to declare any information that has been requested in the application may result in my application being rejected.

☐ Understand that, if employed by the NSW Police Force, I must avoid any financial or other interests that could compromise the impartial performance of my duties.

☐ Acknowledge that I have voluntarily provided the information in the online Professional Suitability Application and this Professional Suitability Declaration and Consent. I also acknowledge that if I have elected not to provide any relevant or requested information to the NSW Police Force, this may result in my application being assessed as professionally unsuitable.

☐ Acknowledge that I am providing my information to the Recruitment Branch of the NSW Police Force, including but not limited to the Education and Training Command, and that the Police Recruitment Branch, as well as other divisions within the NSW Police Force, will retain information that is provided by me and by third parties with respect to my Professional Suitability Application. I acknowledge that I may be able to access that information, subject to and in accordance with relevant legislation.

Acknowledge, by placing a tick in the relevant boxes, that I have read and understood the information provided in the policy documents as shown on the NSW Police Force website relating to the:

☐ NSW Police Force Code of Conduct and Ethics;

☐ NSW Police Force Student Drug and Alcohol Policy;

☐ NSW Police Force Personal Use of Social Media Policy and Guidelines;

☐ NSW Police Force Body Art and Modification Policy;

☐ Procedures for Managing Conflicts of Interest; and

☐ Procedures to Manage Declarable Associations.

2.

CONSENT BY APPLICANT *(continued over page)*

Consent to the NSW Police Force obtaining information about me or any of my associates or relatives from internal NSW Police Force resources or unrelated third party sources in order to determine my professional suitability and to make an assessment of such suitability. This includes but is not limited to:

a) Any criminal intelligence report or other criminal information;

2. CONSENT BY APPLICANT (continued)

- b) Information held in the Births Deaths and Marriages Register;
- c) Information held by Roads and Maritime Services relating to licences or other authorities, offences or penalties;
- d) Information held by Corrective Services, NSW Department of Attorney General and Justice;
- e) Information held by CrimTrac;
- f) Information held by a law enforcement agency, or other agency, investigating public sector corruption, of the Commonwealth or another State or Territory;
- g) Information held by an agency of a jurisdiction outside Australia, being an agency responsible for the enforcement of laws of that jurisdiction; and
- h) Information prescribed by legislation that is held by a public authority or Government agency.

- ☐ Consent to the NSW Police Force, or any other party acting at their behest, gaining access to, obtaining, or sharing, any information required to process my professional suitability application and to make an assessment of such suitability.
- ☐ Consent to the NSW Police Force providing Charles Sturt University or an associated party of the NSW Police Force with the outcome of my initial Professional Suitability Assessment or any subsequent re-assessment and any information relating to the reason for such assessment outcome.
- ☐ Consent to the NSW Police Force taking my fingerprints and handprints for the purpose of determining my Professional Suitability for employment. I acknowledge that such prints may be retained and used for performing a check of any criminal history I may have, and for any other law enforcement purposes.

☐ Consent to the provision of urine and breath samples as required for the purpose of alcohol and drug screening analysis.

☐ Consent to the release of the results of any alcohol or drug screening tests to the NSW Police Force.

I solemnly declare and affirm that my signature, if given below, represents complete agreement with each of the statements in the declaration made, and consent given, above.

I further acknowledge that by making this declaration, I am certifying that the information I have provided in my application is true and correct, to the best of my knowledge. I also acknowledge and agree that the NSW Police Force will be relying on this information in the determination of my application for employment.

And I make this solemn declaration, as to the statements made and consents given above and in the Medical History Assessment according to the law in this behalf made and subject to the punishment by law provided (in the *Oaths Act 1900* (NSW) or in any other Act for any wilfully false statement in any such declaration.

Signature of applicant

Declared at:

(suburb)

on this:

(date)

day of:

(month) 2 0

in the presence of an authorised witness, who states:

CERTIFICATION

I certify the following matters concerning the making of this statutory declaration by the person who made it: (**please cross out any text that does not apply*)

1. * I saw the face of the person; or
* I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering; and
2. * I have known the person for at least 12 months; or
* I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was:

(Describe identification document relied upon)

Name of Authorised Witness (Please print)

Signature of Authorised Witness

Qualification of Authorised Witness

Stamp or No of Authorised Witness

This document may be witnessed by any one of the following authorised witnesses:

- **A Justice of the peace**
- **A Public Notary**
- **A Commissioner of the court for taking affidavits**
- **An Australian legal practitioner**

Authorised Witnesses signing this document should:

- Sight photo identification;
- Ensure the applicant has marked off each check box; and,
- Ensure the applicant is aware that the information supplied by them must be true and correct to the best of their knowledge.