



Authority to Access Person History Information

Volunteer (VP) Employee (EC)

IMPORTANT INFORMATION FOR THE APPLICANT

- South Australia Police (SAPOL) will release person and offender history details and any other relevant information.
- This information is released in accordance with SAPOL policy.
- Offences from other States will be released in accordance with their specific spent conviction and rehabilitation legislation and policies.
- SA Police will retain this application in secure storage until it is confidentially destroyed as per approved retention and disposal guidelines.

APPLICANT DETAILS – please PRINT information

Family Name: (Mr, Mrs, Miss, Ms, Dr) Date of Birth:/...../.....

Given Name: Middle Name: Sex: Female Male

Previous Names: Surname: Given Name: Middle Name:

Place of Birth (Suburb / City):..... State: Country:

Current Address: Suburb: Postcode:

Postal Address: ... Suburb: Postcode:

Previous Address: Suburb: Postcode:

Telephone: (H) (W) (Mob)

CONSENT

I hereby consent to the release to the CHILDREN, YOUTH AND WOMEN'S HEALTH SERVICE full details of any person history and any other relevant information that any Australian State/Federal/Territories Police or Law Enforcement Agency may have in its possession with reference to me. This includes any convictions imposed on me that are spent or rehabilitated (however described) under State/Territory/ Federal Legislation.

I acknowledge without this consent being provided spent or rehabilitated convictions within certain States may not be disclosed. I agree, should there be any doubts as to my identity, to voluntarily submit a set of fingerprints suitable for the requirements of the fingerprint experts.

In consideration of the release of information, I hereby release and discharge and agree to indemnify and hold harmless the State of South Australia each of the Australian State/Federal/Territory Police or Law Enforcement Agencies and their employees, servants and agents from and against all claims, demands, actions, suits, proceedings, costs and damages whatsoever arising out of or in any way connected with the release or the use of the information.

This consent form is valid for a one time check only.

Applicant's signature _____ Date ____/____/200

PROOF OF IDENTITY

Proof of identity is required and originals must be presented for verification by a Police Officer or Authorised Officer of CYWHS. Copies of these documents must be endorsed by the Verifying Officer and accompany this form.

Applicant must provide one of the following: Passport (current or expired within 5 years) Birth Certificate (or extract)
 Citizenship Certificate (or certified copy)

AND

Applicant must provide one of the following current IDs that carries a signature or a photograph that can be matched to the applicant:

Drivers licence or permit Public Service employee ID card Centrelink Card Tertiary Education ID Proof of Age Card

and if applicable

Applicant must provide proof of name change eg deed poll, marriage certificate etc. A copy must also be attached to this application.

**This document is to be returned to CYWHS, Women's & Children's Hospital Campus,
72 King William Road, North Adelaide, 5006 - NOT to SA POLICE**

Position Applied For: _____ Contact Person: _____
Current: March 2007