



South Australia Police National Police Check Application



Government
of South Australia

The attached form is an application for a National Police Check with South Australia Police.

If you are applying for an Australian visa for immigration purposes, or seeking employment with a Commonwealth Government Agency, you must apply through the [Australian Federal Police](#). SAPOL cannot process these applications.

If you are applying to become an accredited passenger vehicle driver, you must apply through the [Department of Planning, Transport and Infrastructure Accreditation and Licensing Centre](#). SAPOL cannot process these applications.

When providing proof of identification under multiple names (including married names, change of name) you **MUST** provide proof of name change, otherwise the application cannot be processed. Examples include: Marriage Certificate, Change of Name Certificate or Deed Poll.



South Australia Police National Police Check Application

Please use blue or black pen and print clearly in BLOCK letters. *DENOTES MANDATORY FIELD
Enquiries: Information Services Branch (T) 08 7322 3347 - GPO Box 1539 Adelaide SA 5001



**Government
of South Australia**

APPLICANT DETAILS

Family Name*

First Given Name*

Other Given Name(s)

Specify Other Name Type

Maiden

Previous

Alias

Note: if you have more than one previous name, list on a separate sheet and attach to application

Other Family Name

First Given Name

Other Given Name(s)

Current Residential Address*

Suburb/Town

State

Postcode

Postal Address (NPC will be posted to this address)

Suburb/Town

State

Postcode

Previous Address

Suburb/Town

State

Postcode

Birth Place - Town/City*

State*

Country*

Home Telephone

Work Telephone

Mobile Telephone

Driver's Licence No.

State

Date of Birth* (DD/MM/YYYY)

Gender*

/ /

Male Female

PURPOSE OF CHECK / OCCUPATION: Type of work must be clearly stated e.g. Aged Carer, Youth Leader, Contractor in Schools.
Generic descriptions i.e. 'Employment', 'Work', 'Uni Placement' are NOT accepted.

CATEGORY*

Employment/Probity/Licensing

Working with Children/Vulnerable Groups

Visa

Access to National Security Information

CHECK TYPE*

Individual (I)

Individual Concession (IC)

Volunteer (VP)

VOAN Volunteer (VC)

Core Check (CR)

Government (EG)

FINGERPRINTS (Only Livescan prints accepted)

Livescan Fingerprints required (additional fee)

Livescan Reference Number: _____

- NPC and Fingerprints must be paid for together.
- Livescan Reference number must be recorded on this form.
- Refer NPC FAQ's for Livescan locations and additional Fingerprint information.

CONSENT

- I certify that the applicant details I have provided on this form are true and correct. I hereby consent to the release of full details of any person history and any other relevant information including pending charges or outstanding warrants that any Australian State / Federal / Territory Police or Law Enforcement Agency may have in its possession with reference to me. This includes any spent or rehabilitated convictions (however described) under State / Territory / Federal Legislation.
- I discharge and agree to indemnify and hold harmless the State of South Australia, each of the Australian States / Federal / Territory Police or Law Enforcement Agencies and their employees, servants and agents from and against all claims, demands, actions, law suits, proceedings, costs and damages whatsoever arising out of, or in any way connected with, the release or use of the information.

Applicant Signature: _____ Date: ____ / ____ / ____

Guardian Signature: _____ Date: ____ / ____ / ____
(if applicant is under 16 years of age)

VOLUNTEER AUTHORITY - Appropriate Section Must Be Completed By Organisation

VOAN (Volunteer Organisation Authorisation Number)

I declare the applicant named on this form is an unpaid VOAN volunteer and the fee is to be paid by the South Australian Government:

VOAN: _____ Organisation: _____ Date: ____ / ____ / ____

Authorised Officer's Name: _____ Position: _____

Authorised Officer's Signature: _____ Phone Number: _____

- - - OR - - -

VOLUNTEER (Reduced Fee)

I declare the applicant named on this form is an unpaid volunteer and is eligible to pay the reduced fee:

Volunteer Organisation: _____ Date: ____ / ____ / ____

Authorised Officer's Name: _____ Position: _____

Authorised Officer's Signature: _____ Phone Number: _____

PROOF OF IDENTITY (100 Point ID - at least one form of ID from Category A required)

Applicant to present **original ID documents + photocopy** for certification. Please provide ID in one name otherwise proof of name change is required (i.e. Marriage Certificate, Deed Poll).

CATEGORY A	POINT VALUE	CATEGORY B	POINT VALUE
<input type="checkbox"/> Passport (current or expired within 2 yrs but not cancelled) <input type="checkbox"/> Birth Certificate (not Extract) <input type="checkbox"/> Citizenship Certificate	70	<input type="checkbox"/> Public Service Employee ID Card <input type="checkbox"/> Tertiary Education ID Card <input type="checkbox"/> Firearms Licence	40
		<input type="checkbox"/> Centrelink Card <input type="checkbox"/> Veteran Affairs Gold Card <input type="checkbox"/> Security Licence (CBS)	
<input type="checkbox"/> Driver's Licence (including foreign licence) (current or expired within 2 yrs)	40	<input type="checkbox"/> Mortgage Documents <input type="checkbox"/> Proof of Age Card <input type="checkbox"/> Medicare Card <input type="checkbox"/> Council Rates Notice	35
		<input type="checkbox"/> Land Title Records <input type="checkbox"/> Motor Vehicle Registration <input type="checkbox"/> Seniors Card <input type="checkbox"/> Electoral Enrolment Card	
Value of Points = _____		<input type="checkbox"/> Insurance Renewal (not Health Insurance) <input type="checkbox"/> Bank Statements (cannot be used if Credit/Bank/Debit card is from same account) <input type="checkbox"/> Bank/Credit/Debit Cards (maximum <u>two</u> cards from different institutions)	25

(Cheques made payable to 'SA Police')

AUTHORISATION: **SAPOL EMPLOYEE** **JUSTICE OF THE PEACE** (Tick appropriate box)

I have witnessed the applicant's signature and am satisfied as to the correctness of the applicant's identity as per the attached certified identification documentation.

Name: _____ ID Number: _____ Signature: _____

Date: ____ / ____ / ____ Fee Paid: (if applicable) \$ _____ Receipt Number: _____

Please return authorised PD267 form to VOAN applicants for endorsement by VOAN organisation.

