






DISABILITY SERVICES EMPLOYMENT SCREENING

DO NOT REMOVE THIS PAGE

This form is for completion by all paid employees, volunteers and students proposing to commence or continue work with a prescribed disability service provider, as defined in the *Disability Services Act 1993 (SA)*.

<p>Two Payment Options <input checked="" type="checkbox"/> Tick selected choice Please DO NOT send payment by post The Screening Unit is unable to receive payments via cash or cheque.</p> <p>-----</p> <p><input type="checkbox"/> Option 1 Take the completed form(s) to any Australia Post outlet and attach the receipt to this form.</p> 	<table border="1"> <tr> <th colspan="2">FOR OFFICE USE ONLY</th> <th>CCR ID:</th> </tr> <tr> <td>Date entered:</td> <td colspan="2">Entered by:</td> </tr> <tr> <td>L clear:</td> <td colspan="2">Multiple:</td> </tr> <tr> <td>CC clear:</td> <td colspan="2">1st C clear:</td> </tr> <tr> <td>Dec:</td> <td>Yes / No</td> <td>2nd C clear:</td> </tr> <tr> <td>NGO:</td> <td colspan="2">SRF:</td> </tr> <tr> <td>HR:</td> <td colspan="2"></td> </tr> </table>	FOR OFFICE USE ONLY		CCR ID:	Date entered:	Entered by:		L clear:	Multiple:		CC clear:	1 st C clear:		Dec:	Yes / No	2 nd C clear:	NGO:	SRF:		HR:		
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Dec:	Yes / No	2 nd C clear:																				
NGO:	SRF:																					
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<p><input checked="" type="checkbox"/> Option 2 Account Number (if available):</p> <p>Employer Payment <i>Please note the employer needs to be an authorised organisation for invoicing purposes.</i> Return your completed form to your organisation's Requesting Officer. They will complete this section and forward your form to the Screening Unit.</p> <p>-----</p> <p>Name of Organisation (PRINT)</p> <p>Name of requesting Officer (PRINT)</p> <p>Signature of Requesting Officer <i>If any of this information is not provided, your form will be returned.</i></p>	<p>COSTS (fees are GST inclusive) <input checked="" type="checkbox"/> Tick selected choice</p> <p>\$101.75 <input type="checkbox"/> Current employee <input type="checkbox"/> Prospective employee <input type="checkbox"/> Contractor</p>  <p>*3500 D1</p> <p>-----</p> <p>\$56.10 <input type="checkbox"/> Volunteer <input checked="" type="checkbox"/> Tertiary/ Secondary Student</p>  <p>*3500 D2</p> <p><i>Please note: If this section is not completed, the organisation will be charged for an employee check.</i></p>																					

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING AND LODGING YOUR FORM.

Only forms with original signatures will be accepted.

Part A: Your Personal Details

- Include ALL current names, previous names and aliases, including maiden names and previous married names.
- Ensure that your date of birth is correct and expressed as DD/MM/YYYY.
- Include the city or town of your birth.
- Include all previous residential addresses at which you have lived in the last ten (10) years. If there is not enough space, please provide this information as an attachment.

A1 Your Personal Details – YOU MUST INCLUDE YOUR FULL NAME

Title: Mr Mrs Ms Miss Dr Other (specify):

Current Last name:

Current First Name:

Current Middle name:

Preferred name(s):

Student/Professional ID/ Employee Number (if applicable):

DISABILITY SERVICES EMPLOYMENT SCREENING APPLICATION FORM

A1 Your Personal Details (continued)

Gender: Male Female Other

Date of birth: (DD/MM/YYYY) Town/city of birth:

State/Territory of birth: Country of birth:

Do you identify as Aboriginal or Torres Strait Islander? Yes No

A2 Your previous names – YOU MUST INCLUDE ALL PREVIOUS NAMES

Include ALL names by which you have been known, e.g. aliases, maiden names, previous married names, deed poll. If there is insufficient space, please list them on a separate piece of paper and attach it to this document.

Last name: First and Middle name(s):

Last name: First and Middle name(s):

A3 Your current contact details

Unit No: Street No: Street Name:

Suburb/town: State: Postcode:

Period of residence: From: To:

Telephone: (H) (W) (M)

Email address:

Do you authorise an Assessment or Assessment Support Officer contacting you via this email address if required? Yes No
(Note: Email contact may include confidential and sensitive information about you. Consider the privacy of your emails).

Current postal address (if different from above):

Suburb/town: State: Postcode:

A4 Your previous residential addresses

Please record all previous residential addresses you have lived at over the last ten (10) years below, including overseas addresses. If there is insufficient space, please list them on a separate piece of paper and attach it to this document. Failure to provide appropriate address history may delay the processing of your application.

1. Previous residential address:

Unit No: Street No: Street Name:

Suburb/town: State: Postcode:

Period of residence: From: To:

2. Previous residential address:

Unit No: Street No: Street Name:

Suburb/town: State: Postcode:

Period of residence: From: To:

Part B Declaration and Informed Consent

- Answer all declaration questions and tick the selected choice
- If you have answered "yes" to any questions, please provide additional information in a sealed envelope marked "CONFIDENTIAL" and attach to your form.

B1 Declaration

1. Have you ever been dismissed or resigned from any employment or a volunteer role in response to or following allegations of improper conduct relating to people with a disability? Yes No
2. Have you been (or are you currently) the subject of any professional disciplinary proceedings, or any action that might lead to such proceedings in any jurisdiction? (not including criminal court proceedings). Yes No
3. Have you ever submitted an application for employment or a volunteer role involving contact with people with disability, children or the aged which was declined for disciplinary reasons or allegations of improper conduct? Yes No
4. Have you ever been (or are you currently) subject to any restrictions regarding your contact with children (including removal of a child) in any employment, volunteer, or personal capacity? Yes No
5. Have you ever been found guilty of an offence committed in a country other than Australia, including an offence for which no conviction was recorded? Yes No
6. Have you been named as the defendant in an Interim or Confirmed Intervention Order, Restraining Order, Apprehended Violence Order, Domestic Violence Restraining Order, Paedophile Restraining Order or equivalent, in any jurisdiction? Yes No
7. Are you the subject of any criminal or traffic charges (not including parking or speeding infringements) that are still to be determined or finalised? Yes No
8. Have you ever been denied an employment screening clearance or working with children clearance from another Australian jurisdiction? Yes No
9. Are you currently or have you ever been a registrable sex offender? (e.g. Australian National Child Sex Offender Register) Yes No

B2 Have you answered 'yes' to any of the questions above?

If so, you must submit a summary of the circumstances surrounding the situation below. Your summary should include (as applicable) dates, decisions, reasons for the decision, conditions of employment, offence type and date, court details, and the status of proceedings. Attach a separate piece of paper to this form if you require more space. Alternatively, complete your summary separately, place it in a sealed envelope marked CONFIDENTIAL, and submit it with your application.

B3 Consent to Obtain Personal Information

I, _____ hereby:

 Current first name and middle name(s) Current last name Details must be the same as on page 1.

- Declare that the personal information I have provided in this form relates to me, contains my full name and all names previously used by me, and is correct. Further that I have read and complied with instructions provided on the 'How to Apply' section of the DCSI Screening Unit website;
- Acknowledge that the false or misleading information may be an offence;
- Consent to the DCSI Screening Unit collecting information in this Form to provide to the CrimTrac Agency and the Australian police services;
- Consent to:
 - the CrimTrac Agency disclosing personal information about me to the Australian police services;
 - Australian police services disclosing to the CrimTrac Agency, from their records, details of convictions and outstanding charges, including findings of guilt or the acceptance of a plea of guilty by a court, that can be disclosed in accordance with the laws of the Commonwealth, States and Territories and, in the absence of any laws governing the disclosure of this information, disclosing in accordance with the policies of the police service concerned; and
 - the CrimTrac Agency providing the information disclosed by the Australian police agencies to the DCSI Screening Unit, in accordance with the laws of the Commonwealth; and
- Accept that this information obtained may include but is not limited to details of convictions and pending or non-conviction charges or circumstances information relating to offences committed or allegedly committed by me, regardless of when and where the offence or alleged offence occurred, and what the outcome may have been;
- Consent to the DCSI Screening Unit accessing relevant information about me that may be held by agencies and administrative units of the South Australian Government and/or relevant registration bodies, which may include:
 - Human Resources records, Care Concern Investigation records and records relating to Supported Residential Facilities held by the DCSI;
 - Child Protection records held by the Department for Education and Child Development;
 - records held by non-government organisations funded under the *Disability Services Act 1993*, including records provided to DCSI;
 - records held by licensing authorities of Supported Residential Facilities;
 - records held by the Courts Administration Authority;
 - records held by South Australia Police;
 - any other information legally held by DCSI that is considered relevant
- Consent to the DCSI Screening Unit:
 - utilising any of the information described above about me or provided by me on this form to assess any risk I may pose in the event I am engaged to work or volunteer in disability services;
 - providing advice that may include any information about me described in an assessment indicating any risk of harm I may pose if engaged to work or volunteer in disability services to my requesting organisation or another entity seeking the assessment on behalf of that organisation; and
 - providing relevant criminal history information to the requesting organisation or another entity seeking the assessment on behalf of that organisation where permitted by the CrimTrac Agency to do so.
 - providing any information described in an Assessment briefing held by the DCSI Screening Unit to the relevant area in a requesting organisation to assist them to communicate with me about the outcome of an assessment.
- Accept that the requesting organisation and, where applicable, the relevant government supervisory agency, shall make the final determination as to my engagement in the position to which this application relates; and
- Accept that complex assessments are referred to a panel of experts for final consideration;

- Consent to the DCSI Screening Unit reassessing the risk assessment pertaining to me upon receipt of new or additional information, and to the DCSI Screening Unit disclosing details of any reassessed risk assessment to my employer or any relevant government supervisory agency;
- Consent to my personal information being disclosed to police services for their respective law enforcement purposes, including the investigation of any outstanding criminal offences;
- Accept that Spent Convictions legislation (however described) in the Commonwealth and many States and Territories protects spent convictions from disclosure, and understand that the position/entitlement for which I am being considered may be in a category for which exclusions from Spent Convictions legislation may apply.
- Acknowledge that I have read the Disability Employment Screening Standards (the Standards) and am aware that my application will require further assessment if a risk assessment trigger is identified as outlined in the Standards to determine the level of risk I pose to people with disability, which may include being deemed unsuitable to work in the disability sector.

Signature of Applicant

Date

Signature of Parent/Guardian

(where applicant is under 18)

Date

Part C: Verification of Identity

- To process your application, the Screening Unit needs to be certain of your identity, and must make sure you have undergone a 100-point identification check, which has been verified by an appropriate person
- Please ensure the details and original signature of the verifier **MUST** be on the form.
- Further details on who can verify and how to complete this section are on the website:
www.dcsi.sa.gov.au/services/screening/how-to-apply

- For **ABORIGINAL APPLICANTS** who reside in remote or isolated locations, apart from the standard items listed on page 6, there is an added option of TWO letters of verification provided by community leaders (individuals recognised as leaders of the community to which the applicant belongs). Each verification scores 50 points.
- For **IMMIGRANT OR FOREIGN VISITORS** (arrival within the past six weeks): proof of arrival date and current passport will be accepted.
- For applicants **UNDER 18**: One Category A Document or Statement from an educational institution, signed by the Principal or Deputy Principal, confirming that the child attends the institution (Note: statement **MUST** be on the institution's letterhead).

C1 Verifying Officer Declaration and Details

I declare that:

- I have sighted and confirmed the applicant's original or certified true copy personal identity documents and that verification has been achieved using the 100-point check.
- I am satisfied as to the correctness of the applicant's identity.
- I have confirmed that I meet the requirements for a verifying officer as set out on the DCSI website (http://www.dcsi.sa.gov.au/_data/assets/pdf_file/0008/17369/EMPLOYMENT-SCREENING.pdf).

FULL Name of applicant as per identification documentation:

Name of verifying officer:

Position:

Organisation:

Telephone: (W)

(M)

Email address:

Signature:

C2 100 Point Identification Check			
<p>You must provide proof of your identity before your application can be processed. You must show a verifying officer original identity documents that add up to at least 100 points. Note: a proof of name change certificate does not count towards the points total. You MUST use ONE Category A document or ONE Category B document (which contains a photograph). Aboriginal applicants from remote communities or recent migrants to Australia or applicants under 18 may use identity documents detailed on the previous page.</p> <p>Please <input checked="" type="checkbox"/> Tick selected choices</p>			
Category	Type of Document	Value	Points
<p>Category A</p> <p>70 points</p> <p>Only one document from this category will be accepted.</p>	<input type="checkbox"/> Birth certificate or extract <input type="checkbox"/> Australian citizenship certificate <input type="checkbox"/> Current international travel document (e.g. passport) <input type="checkbox"/> United Nations refugee visa or similar, authorising international travel	70	-----
<p>Category B Documents</p> <p>Your initial Category B document is worth 40 points. Subsequent documents are worth 25 points.</p>	<input type="checkbox"/> Australian driver's licence or permit <input type="checkbox"/> Department of Veterans' Affairs (DVA) card <input type="checkbox"/> Centrelink pensioner / health care card <input type="checkbox"/> Government employee identification card <input type="checkbox"/> Tertiary student identification card <input type="checkbox"/> Secondary student identification card <input type="checkbox"/> Medical practitioner reference (only if applicant is known to the doctor for at least a year)	40 or 25	-----
<p>Category C Documents</p> <p>25 points</p> <p>If you wish to use more than one Category C document, they must be from different organisations.</p>	<input type="checkbox"/> Seniors/ Medicare/ private health card <input type="checkbox"/> Council rates/ property insurance papers <input type="checkbox"/> Proof of age card <input type="checkbox"/> International Driver's Licence <input type="checkbox"/> Bank or credit card <input type="checkbox"/> Utilities bills (Telephone, gas, electricity or water) <input type="checkbox"/> Tax notice/superannuation statements <input type="checkbox"/> Motor vehicle registration/insurance papers <input type="checkbox"/> Rental property lease agreement <input type="checkbox"/> Electoral Roll registration <input type="checkbox"/> Professional or trade association card	25	-----
<p>Must equal or be more than 100 Points</p> <p>DO NOT attach copies of these documents to the application form.</p>		TOTAL	-----

Part D: Employment Information

This section MUST be completed by the Requesting Officer at your Requesting Organisation

Note: A Requesting Organisation is your Employer, University or Volunteer organisation.

If you are a sole trader, you must complete section D4

D1 Requesting Organisation

Name of Organisation:

Business Address:

Suburb/town:

State:

Postcode:

D2 Requesting Officer/Contact Person (This person must be from the Requesting Organisation)

Tick if Requesting Officer is the same person as the Verifying Officer:

Title: Mr Mrs Ms Miss Dr Other (specify):

Name:

Position:

Telephone:

(W)

(M)

Email address:

Alternate contact:

Alternate contact email address:

D3 Employment/Placement/Volunteer Details

If the applicant is a prospective employee/student/volunteer, what is their proposed start date?

DD/MM/YYYY

D4 Sole Trader

Name of Sole Trader:

ABN:

Business Address:

Suburb/town:

State:

Postcode:

Email address:

FINAL CHECKLIST Applicant use only Please complete the checklist below BEFORE submitting your form.

Incorrect or incomplete forms will be returned unprocessed delaying your application.

HAVE YOU:

Tick when completed

- Used the correct screening application form(s) for the role(s) you will be performing
- Correctly recorded your **FULL** name and address at A1
- Correctly recorded your date of birth
- Provided **ALL** previous names at A2
- Correctly recorded your contact details at A3
- Provided **ALL** previous residential addresses at A4
- Answered all declarations questions at B1
- Provided additional information (if required) at B2
- SIGNED the consent page enabling the Screening Unit to obtain your personal information at B3 – ensure your given and family names are correct and the same as at A1 on page one.
- Ensured your Verifying Officer has provided their details at C1
- Ensured the Verifying Officer has **SIGNED** the form at C1
- Ensured your identification points add to 100 points at C2
- Ensured your Requesting Organisation has completed all required information at D1 (unless a Sole Trader)
- If a Sole Trader, included all details and an ABN
- Ensured your Requesting Officer has completed all required information at D2 and D3 (where applicable)

Is your writing clear and legible? YES/NO

Please note: If you are submitting more than one form, each form must be completely filled out and signed.

Screening Unit Contact Details

Post forms to: DCSI Screening Unit
GPO Box 292 ADELAIDE SA 5001

Please email the Screening Unit to enable the appropriate area to respond to your enquiry.

Email: DCSIScreeningUnit@sa.gov.au

All queries relating to the application should include:

- A clear outline of the enquiry;
- The applicant's full name, including ALL given names;
- The applicant's date of birth expressed DD/MM/YYYY; and
- The applicant's current residential address.

Additional information may be found at the Screening Unit website: www.dcsi.sa.gov.au/services/screening

Interpreting Assistance

If you are from a culturally or linguistically diverse background and require assistance completing this form, the DCSI Interpreting and Translating Centre may be able to assist you.

For booking beyond 48 hours send an email to itc@sa.gov.au or call **1800 280 203**.