

General criminal history check



NOT to be used for employees engaged in services provided in accordance with the *Aged Care Act 1997* (Cth) and *Corrective Services*. Request for a criminal history check in accordance with Criminal History Checking HR Policy B40 and the Public Service Commission Directive No. 7/11 - Employment screening.

Section 1: Proof of identity

Queensland Health must be able to confirm your name, date of birth and signature.

Examples of acceptable identification documents are as follows:

- Australian Drivers Licence
- Passport
- Proof of age card
- Government financial benefit card or recent income tax assessment
- Certificate of Birth (or extract) or Marriage
- Australian student identification card
- Debit card
- Australian Naturalisation, Citizenship or Immigration documentation

Consent to obtain criminal history:

This section must be completed before submitting, required information that is left blank can lead to delay in the processing of the Criminal History Check which can also lead to delay in employment.

Use of criminal history information (please read and tick appropriate box below):

- I consent to the Department of Health or a Hospital and Health Service (my prospective relevant health employer), as a third party, obtaining information about my criminal history, if any, from the police, courts, prosecuting authorities or any other relevant law enforcement agencies, in accordance with s152 of the *Public Service Act 2008* (Qld) ('the criminal history information').
- I understand that if my consent is provided, my prospective relevant health employer is entitled, by law, to use the criminal history information, if any, to assess my suitability for appointment to the role I have applied for, in accordance with Chapter 5, Part 6 of the *Public Service Act 2008*, in conjunction with the department's HR Policy B40 and the Public Service Commission Directive No. 7/11.

Importantly: If you do not consent to your criminal history information being obtained by your prospective relevant health employer, in accordance with s153 of the *Public Service Act 2008*, your application will not be considered further by the prospective relevant health employer.

Disclosure of criminal history information (please read and tick appropriate box below):

- I consent to my prospective relevant health employer disclosing the criminal history information, for the purpose of my employment, to:
 - If my prospective relevant health employer is a Hospital and Health Service:**
 - The Department of Health for secure electronic storage (as the Department of Health is the central administrator of criminal history information), and for use by a Criminal History Assessment Panel in making a recommendation to the relevant Hospital and Health Service decision maker regarding my employment; and
 - Another Hospital and Health Service, in the event that I seek employment by that Hospital and Health Service.

If my prospective relevant health employer is the Department of Health:

- A Hospital and Health Service, in the event that I seek employment by the Hospital and Health Service.

Importantly: If you do not consent to your criminal history information being disclosed by the Department of Health to a Hospital and Health Service, or by a Hospital and Health Service to either the Department of Health or another Hospital and Health Service, your application maybe delayed. Please also be informed that your new propective health employer may seek consent to obtaining current criminal history information from the Queensland Police Service under Chapter 5, Part 6 of the *Public Service Act 2008*.

Privacy Notice

Personal information collected by the Department of Health or a Hospital and Health Service (a health agency) is handled in accordance with the *Information Privacy Act 2009* (Qld). The personal information provided by you will be securely stored and made available only to appropriately authorised officers of the health agency (or its agents). Personal information recorded on this form will not be disclosed to other parties without your consent, unless required by law.



Employment screening consent form

Please use **BLOCK LETTERS** - All fields mandatory unless otherwise stated.

Section 2: Applicant details

Title Male Female Date of birth

Family name/surname

First name/given names Middle name/s

Australian Drivers Licence No. Australian Drivers Licence State.

Section 3: Other names you have used

Family name/surname

First name/given names Middle name/s

Family name/surname

First name/given names Middle name/s

Note: If you need to record additional names please attach to this form

Section 4: Current residential address

Unit/street no. Street name Street type

Suburb/town Postcode

Country State

Section 5: Contact details

Area code Contact phone No: Mobile no:

Email

Section 6: New Zealand residency - Please tick YES or NO

During the last 10 years, have you lived in New Zealand for six months or more (since turning 16 years of age)? Yes No

Unit/Street No Street name Street type

Suburb/Town Postcode

Section 7: Country of birth

Town/city State

Country of birth

Employee certification

I understand that personal information in relation to my employment may be provided to other health employers within Queensland Health, or other agents engaged by Queensland Health as authorised under relevant legislation in the event of my transfer/movement to another health employer within Queensland Health, and I consent to the disclosure of my personal information to those entities.

Note: If you need to record additional items, please attach to this form

Signature of applicant Date

Signed in the presence of a witness who must be able to verify the identity of the applicant and be aged 18 or over.

Signature of witness Name of witness

Contact phone no: