

## Employment Screening Consent Form

**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 08/23 - Suitability for employment.

**Section 1: Consent statements****Queensland Health must be able to confirm your name, date of birth and signature.**

Examples of acceptable identification documents are as follows:

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

**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 s52 of the *Public Sector Act 2022* (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 3, Part 5 of the *Public Sector Act 2022*, in conjunction with the department's HR Policy B40 and the Public Service Commission Directive No. 08/23.

**Importantly:** If you do not consent to your criminal history information being obtained by your prospective relevant health employer, in accordance with s53 of the *Public Sector Act 2022*, 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.

**I consent to release information for New Zealand Police Vet if applicable (subsequently you will tick yes in section 7). I acknowledge and understand as follows:**

- The information about me that NZ Police may release in a vetting report can include:
  - a. Conviction histories.
  - b. Active charges and warrants to arrest.
  - c. Information subject to name suppression where that information is necessary to the purpose of the vet.
- If I am eligible under the Criminal Records (Clean Slate) Act 2004, my conviction history will not be released unless:
  - a. Section 19(3) of the Clean Slate Act applies to this request (exceptions to the clean slate regime).

Please see the [vetting website](#) for more information regarding the Clean Slate legislation and when your conviction history may be released.

- Information provided in this consent form may be used to update New Zealand Police records.
- I am entitled to a copy of the vetting report released to the offshore agency (to be provided by the offshore agency) and can request a correction of any personal information by contacting the Police Vetting Service. For further information about the vetting process, please see the [vetting website](#).



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**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 may be delayed. Please also be informed that your new prospective health employer may seek consent to obtaining current criminal history information from the Queensland Police Service under Chapter 3, Part 5 of the *Public Sector Act 2022*.

### Privacy Notice

Personal information collected by the Department of Health or 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.

Please use **BLOCK LETTERS** – **ALL FIELDS MANDATORY UNLESS OTHERWISE STATED.**

### Section 2: Criminal history check verification

Have you undergone a criminal history check with Queensland Health in the last 3 months?

Yes

No

### Section 3: Applicant details

Title	<input type="text"/>	Male	Female	Non-binary	Date of Birth	<input type="text"/>
Family name/surname	<input type="text"/>					
First name/given name	<input type="text"/>	Middle name/s	<input type="text"/>			
Australian Drivers Licence No.	<input type="text"/>	Australian Drivers Licence State	<input type="text"/>			

### Section 4: Other names you have used

Family name/surname	<input type="text"/>					
First name/given name	<input type="text"/>	Middle name/s	<input type="text"/>			
Family name/surname	<input type="text"/>					
First name/given name	<input type="text"/>	Middle name/s	<input type="text"/>			

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

### Section 5: Current residential address

Unit/Street no.	<input type="text"/>	Street name	<input type="text"/>	Street type	<input type="text"/>
Suburb/town	<input type="text"/>			Post code	<input type="text"/>
Country	<input type="text"/>			State	<input type="text"/>

### Section 6: Contact details

Area code	<input type="text"/>	Contact phone number	<input type="text"/>	Mobile number	<input type="text"/>
Email Address	<input type="text"/>				

### Section 7: New Zealand residency verification

During the last 10 years, have you **lived in New Zealand for six months or more** (since turning 16 years of age)?

Yes (**Note:** If yes has been selected please complete residency details below and note consent to release information on page 1)

No

Unit/Street no.	<input type="text"/>	Street name	<input type="text"/>	Street type	<input type="text"/>
Suburb/town	<input type="text"/>			Post code	<input type="text"/>
Country	<input type="text"/>			State	<input type="text"/>

## Employment Screening Consent Form

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**Section 8: Country of birth**

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Town / city

State

Country of birth

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**Section 9: Employee certification**

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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 number

