Application for a Security and Criminal History Check

- This form is to be completed if a person is required to access a security enhanced source.

Please read the following instructions before completing this form as incorrect completion of this form will result in delays.

1. The application must be signed and dated on each page.

2. Ensure that the correct fee is paid.

3. Incomplete applications will not be accepted.

4. All primary and secondary identity documents and documents submitted to support name changes must be certified by a Justice of the Peace or a Notary Public as being a correct copy of the original document.

Please note that documents certified by persons other than a Justice of the Peace or a Notary Public will not be accepted.

Only original certified copies must be provided to Radiation Health (faxed or emailed copies of certified copies will not be accepted).

5. You are strongly encouraged to retain a copy of the completed form for your records.

6. Please note that the following information must accompany the application:
   (a) proof of identity (refer page 2, section 1, of the application form)
   (b) where applicable, details and copies of information regarding criminal history, whether recorded or not, within Australia (refer page 3, sections 6 and 8, of the application form)

CHECK LIST

☐ Supporting documentation for S1, S6 and S8 is attached
☐ The prescribed application fee is enclosed
☐ The correct and full details have been provided
☐ All questions have been responded to
☐ All pages in the application are signed and dated

RETURN COMPLETED FORM TO:

The Chief Executive
c/- Radiation Health Licensing
Health Protection Unit
Queensland Department of Health
PO Box 2368
FORTITUDE VALLEY BC QLD 4006

ENQUIRIES
Email: radiation_health@health.qld.gov.au
Phone: (07) 3328 9310
Notice to the applicant

(a) One form is to be completed for each person required to undergo a security and criminal history check.

(b) This form enables a security and criminal history check to be conducted to establish a person’s suitability to access security enhanced sources.

(c) In accordance with the Radiation Safety Act 1999 (Section 103A) the following persons must undergo a security and criminal history check:
   a. a Nominated Person, where the applicant for a possession or transport licence is a corporation which is required to have a Nominated Person (i.e. the person nominated by the licensee, or licence applicant, who will oversee the security of the security enhanced source)
   b. a person who is to have access to a security enhanced source under an approved Security Plan or Transport Security Plan
   c. an individual who is applying for a licence to possess or transport a security enhanced source, or to use a portable security enhanced source

(d) The security and criminal history check is conducted with the cooperation of the Queensland Police Service, the Australian Federal Police and the Australian Security Intelligence Organisation.

(e) Please note that the Criminal Law (Rehabilitation of Offenders) Act 1986 does not apply in relation to the disclosure of information.

(f) The Information Privacy Act 2009 sets out the rules for the collection and handling of personal information by the Department of Health. For information about how the Department of Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.qld.gov.au.

Identity documents

For the purpose of page 2, section 1 of the application form, the following is a list of acceptable identity documents.

Primary Identity Documents
1. Australian birth certificate
2. Overseas birth certificate accompanied by a passport or Australian visa document issued by the Commonwealth Department of Immigration and Citizenship
3. Document of identity recognised by the Commonwealth Department of Immigration and Citizenship
4. Australian passport that is current or has not been expired for more than 2 years
5. Current foreign passport
6. Document evidencing Australian citizenship issued by the Commonwealth Department of Immigration and Citizenship
7. Australian driver’s licence that is current or has not been expired for more than 2 years

Secondary Identity Documents
1. Current identification card issued by the Commonwealth or State as evidence of the person’s entitlement to a financial benefit—examples include seniors health card, health care card, Medicare card, pensioner concession card or entitlement card issued by the Department of Veteran’s Affairs
2. Current account card or credit card, issued by a financial institution, that contains the person’s name and signature
3. Account statement issued by a financial institution within the previous year
4. Document evidencing discharge from military service within the previous 2 years
5. Student identification card containing the person’s photograph and signature that is current or has not been expired for more than 2 years
6. Document evidencing enrolment in an educational institution within the previous 2 years
7. Document evidencing electoral enrolment within the previous 2 years
8. Utilities account statement issued by a utilities provider within the previous year
9. Notice of land valuation, water rates or council rates issued within the previous year
RADIATION SAFETY ACT 1999
Application for a Security and Criminal History Check

Why is this application being made?
(please indicate applicable option below by ticking ONE box)

☐ I am a Nominated Person for a corporation applying for, or holding, a possession licence issued under the Radiation Safety Act 1999 (if applicable, provide details of possession licence name and number)
   Possession Licence Name: 
   Possession Licence Number: 
   Possession Licence Number: P

☐ I am a Nominated Person for a corporation applying for, or holding, a transport licence issued under the Radiation Safety Act 1999 (if applicable, provide details of licence name and number)
   Transport Licence Name: 
   Transport Licence Number: 
   Transport Licence Number: T

☐ I am a possession licensee under the Radiation Safety Act 1999 applying on behalf of another individual, identified in my approved security plan, to undergo a security and criminal history check
   Possession Licence Name: 
   Possession Licence Number: 
   Approved Security Plan Number: 
   Name and telephone number of contact person: 
   (if a corporate applicant)

☐ I am a transport security plan holder applying on behalf of another individual, identified in my approved transport security plan, to undergo a security and criminal history check
   Transport Security Plan Holder’s Name: 
   Approved Transport Security Plan Number: 
   Name and telephone number of contact person: 
   (if a corporate applicant)

☐ I am an individual applying for a licence to possess a security enhanced source

☐ I am an individual applying for a licence to use a portable security enhanced source

☐ I am an individual applying for a licence to transport a security enhanced source

Person making the application

Signature: ___________________________ Date: ___________________________
(or contact person, if a corporate applicant)

Privacy Statement: The Department of Health provides this form under the Radiation Safety Act 1999 so that you may apply for an Act Instrument. The information and documents collected for the purpose of this application may be accessible by authorised departmental persons. Licence details of successful applicants will be publicly available on the department’s register of holders of licences and certificates as required by the Act. The department will not disclose your personal information or supporting documents to third parties without your consent unless required or authorised by law.
Details of the person required to undergo the security and criminal history check

SECTION 1: NAME OF PERSON

| Surname:          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Given Name(s):    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Date of Birth:    | / | / | / | |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Please attach certified copies of supporting evidence for maiden or previous names

| Maiden Name:      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Previous Name(s): |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Alias:            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Gender: Male      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Female            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Residential Telephone Number: |   |   |   |   |   |   |   |

Proof of Identity

Please ensure that this application includes certified copies of two documents as proof of identity. You are required to provide:
1. One certified copy of a Primary Identity Document; and
2. One certified copy of a Secondary Identity Document.

SECTION 2: RESIDENTIAL DETAILS

| Address:          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Suburb:           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| State:            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Post Code:        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Country:          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Period of Residence at Current Address - from (dd/mm/yyyy): | / | / | / | |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

SECTION 3: POSTAL ADDRESS

If same as residential address, write ‘AS ABOVE’

| Address:          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Suburb:           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| State:            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Post Code:        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Country:          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

SECTION 4: PLACE OF BIRTH

| City:             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| State (Australia Only): |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Country:          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Person making the application

Signature: ____________________________ Date: _________________
(or contact person, if a corporate applicant)
SECTION 5: DRIVER’S LICENCE DETAILS

Licence Number: ____________________________  State of Issue (Australia only): ____________________________

SECTION 6: OVERSEAS RESIDENCY

Has the person requiring the security and criminal history check resided outside of Australia within the last ten years? Yes  No

(Does not include holidays or working holidays)

If yes, please provide details, including country and duration of residency:

Country: ____________________________

Duration of Residency: from ____________________________ to ____________________________

(dd/mm/yyyy)

Country: ____________________________

Duration of Residency: from ____________________________ to ____________________________

(dd/mm/yyyy)

Country: ____________________________

Duration of Residency: from ____________________________ to ____________________________

(dd/mm/yyyy)

For residency outside Australia, not including holidays and working holidays, please supply a copy of a criminal history check from a recognised law enforcement agency within that country.

SECTION 7: PREVIOUS LICENCE AUTHORITY

Has the person undergoing the security and criminal history check held, or previously held, or applied for, any licence authority issued under the Radiation Safety Act 1999, or the equivalent in another Australian state or territory? Yes  No

If yes, please provide:

Authority Type: ____________________________

Authority Number: ____________________________  State (Australia only): ____________________________

SECTION 8: DISCLOSURE OF CRIMINAL HISTORY

Under Section 51(5)(b) of the Radiation Safety Act 1999, all persons requiring a security and criminal history check must provide details of their criminal history.

Criminal history means:

a. every conviction of the person for an offence, in Queensland or elsewhere
b. every charge made against the person for an offence, in Queensland or elsewhere

Does the person requiring the security and criminal history check have a criminal history? Yes  No

If yes, please provide details and attach supporting documents

Person making the application

Signature: ____________________________  Date: ____________________________

(or contact person, if a corporate applicant)
I hereby declare that the information provided is true and accurate to the best of my knowledge at this time.

I give my consent:

1. For the Chief Executive to undertake the following checks in accordance with the Radiation Safety Act 1999:
   a. my criminal history (criminal history check); and
   b. my background and activities as they relate to national security (security check).

2. For my personal details to be provided to the Queensland Police Service, the Australian Federal Police and the Australian Security Intelligence Organisation for the purposes of conducting these checks.

Name of Person

__________________________________________  _______________________
Signature of Person       Date

(or contact person, if a corporate applicant)
Fee to accompany application

Under the s90 of the Radiation Safety Regulation 2010, the following persons must pay the prescribed fee:

(a) if the check is for a Nominated Person for a corporation—the corporation

(b) if the check is for a person who is to have access to a security enhanced source under an approved security plan—the possession licensee requesting the check

(c) if the check is for a person who is to have access to a security enhanced source under an approved transport security plan—the transport security plan holder requesting the check

(d) if the check is for an individual applicant—the applicant

Please note: This application will not be accepted unless the appropriate fee is included when the application is made. The fee is not refundable.

Security Check and Criminal History Check Fee: $97.50

Payment information (Note: This is a GST free item. Queensland Health ABN: 66 329 169 412)

☐ Cheque or Money Order enclosed (payable to Queensland Health)

☐ Payment by Credit Card (Please complete ‘Credit Card Payments’ below)

Credit Card payments (Complete this section if you wish to pay the fees for this application by MasterCard or Visa Card.)

Name of Applicant (The name stated here should be the same as the name stated in section 1 on the application form.)

Please charge the fees payable $ my MasterCard Visa Card

Name on card (Please print) 

Card Number Expiry Date

Signature of cardholder Date