

## GENERAL CRIMINAL HISTORY CHECK

NOT to be used for employees engaged in services provided in accordance with the *Aged Care Act 1997* 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 -

### 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
- Australian student identification card
- Passport
- Debit card
- Proof of Age Card
- Australian Naturalisation, Citizenship or Immigration Documentation
- Government financial benefit card or Recent Income Tax assessment
- Certificate of Birth (or extract) or Marriage

### STATEMENT OF TRUTH:

**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 Service Act 2008 ('the criminal history information').
- I understand that once 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 HR Policy B40, the Public Service Commission Directive No. 7/11 and Chapter 5, Part 6 of the Public Service Act 2008.
- Note 1: You must indicate your consent by checking the above boxes. Please see Note 2 for consequences of failure to consent.  
Note 2: If you do not consent to the above use of your criminal history information by your prospective relevant health employer, in accordance with s 153 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, at any time, 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 in Criminal History Assessment Panel - Employment screening consent form and Employee movement Temporary consent form its reporting obligations (criminal history information is de-identified for purposes of reporting); and
  - A Hospital and Health Service, in the event that I transfer to that Hospital and Health Service; or;
  - If my prospective relevant health employer is the Department of Health:
    - A Hospital and Health Service, in the event that I transfer to that Hospital and Health Service.

**Note 3:** If you do not consent to the above disclosure by your prospective relevant health employer, your application for employment cannot be considered further by the prospective relevant health employer.

#### 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. 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

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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  Post code

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 ten 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  Post code

## 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. This may include pre-employment screening information, payroll and relevant personal information.

**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: