






AGED CARE SECTOR SCREENING

DO NOT REMOVE THIS PAGE

Use this form to apply for screening if you are an employee, contractor, volunteer or student who intends to commence or continue work or volunteering in an organisation that is funded by the Commonwealth of Australia to provide aged care services.

<p>Two Payment Options <input checked="" type="checkbox"/> Tick selected choice Please DO NOT send payment by mail. The Screening Unit is unable to receive payments via cash, cheque or money order.</p> <hr style="border-top: 1px dashed black;"/> <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" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">FOR OFFICE USE ONLY</td> <td style="width:50%;">CCR ID:</td> </tr> <tr> <td>Date entered:</td> <td>Entered by:</td> </tr> <tr> <td>Declaration: Yes / No</td> <td>Multiple:</td> </tr> </table>	FOR OFFICE USE ONLY	CCR ID:	Date entered:	Entered by:	Declaration: Yes / No	Multiple:
FOR OFFICE USE ONLY	CCR ID:						
Date entered:	Entered by:						
Declaration: Yes / No	Multiple:						
<p><input type="checkbox"/> Option 2 Account Number (if available):</p> <p>.....</p> <p>Payment by the Organisation* (* <i>Select this option only if the organisation has already registered with the Screening Unit for invoicing purposes.</i>)</p> <p>Applicants should return their completed form to the organisation's Requesting Officer, who will complete this section and then forward the form to the Screening Unit.</p> <p>.....</p> <p>Name of Organisation (PRINT)</p> <p>.....</p> <p>Name of Requesting Officer (PRINT)</p> <p>.....</p> <p>Signature of Requesting Officer If any of the above information is not provided, the form will be returned unprocessed.</p>	<p>COSTS (fees are GST inclusive) <input checked="" type="checkbox"/> Tick selected choice</p> <p>\$86.35 <input type="checkbox"/> Current employee <input type="checkbox"/> Prospective employee <input type="checkbox"/> Contractor</p>  <p>*3500 A1</p> <hr style="border-top: 1px dashed black;"/> <p>\$57.20 <input type="checkbox"/> Volunteer <input checked="" type="checkbox"/> Student</p>  <p>*3500 A2</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 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 CURRENT FULL NAME	
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other (specify):	
Current Last name:	Current First Name:
Current Middle name:	Preferred name(s):
Student/Professional ID/ Employee Number (if applicable):	

A1 Your personal details (continued)

Gender: Male Female Other

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

State/Territory/Province 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 IN FULL

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 residential address and contact details

Unit No: Street No: Street Name:

Suburb/town: State: Postcode:

Period of residence: From:

Telephone: (H) (W) (M)

Email address:

Do you authorise the Screening Unit to contact you via the above 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 the residential address above):

Unit No: Street No: Street Name:

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 below and tick the selected choice

B1 Declaration

1. Have you ever been convicted of murder, sexual assault or any form of assault for which a sentence of imprisonment (regardless of suspension) was imposed in an Australian court? Yes
 No
2. Have you ever been convicted of murder, sexual assault or any form of assault for which a sentence of imprisonment (regardless of suspension) was imposed in a country other than Australia? Yes
 No
3. Have you ever been denied an employment screening clearance from another Australian jurisdiction? 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

Your personal information: The DCSI Screening Unit collects, uses and stores your personal information solely for the purpose of assessing your screening application, in compliance with the Australian Privacy Principles and the DCSI Code of Fair Information Practice. Personal information will not be disclosed to any third party without your consent, unless disclosure is required by law or protocols established to protect legal minors.

Access to clearance status: Your employer agency/university/school may be able to verify your current clearance status online — BUT ONLY to check the validity of your clearance and only based on details provided by you.

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;
- Acknowledge that the provision of false or misleading information may be an offence;
- Consent to the DCSI Screening Unit collecting information in this Form to provide to the Australian Criminal Intelligence Commission (ACIC) and the Australian police services;
- Consent to:
 - the ACIC disclosing personal information about me to the Australian police services;
 - Australian police services disclosing to the ACIC, from its records, details of convictions that can be disclosed in accordance with the laws of the Commonwealth of Australia and its 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 ACIC providing the information disclosed by the Australian police agencies to the DCSI Screening Unit, in accordance with the laws of the Commonwealth of Australia;
- Accept that this information is limited to details of convictions for offences committed by me, regardless of when and where the offences occurred;
- Consent to the DCSI Screening Unit:
 - using the information provided by me on this Form, and information provided by the Australian police services and the ACIC to determine whether I meet the criminal history requirements of the *Accountability Principles 1998* made under the *Aged Care Act 1997 (Cth)*; and
 - providing advice based upon any information about me described in an assessment indicating any risk of harm I may pose if engaged to work or volunteer in the aged care sector 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 ACIC 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
- Understand that complex assessments are determined by a panel of DCSI senior officers;

- Consent to the DCSI Screening Unit revising the risk assessment pertaining to me upon receipt of new or additional information, and to the DCSI Screening Unit disclosing any revised 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 of Australia, and some Australian 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.

Signature of Applicant

Date

Signature of Parent/Guardian
(where applicant is under 18)

Date

Part C: Verification of Identity

Screening cannot proceed until the Applicant's identity has been formally verified using a 100-point identification check. Details are available from: www.screening.dcsi.sa.gov.au/screening-process/how-to-apply/identity-check.

The Verifying Officer must personally sight originals or certified copies of items in Section C2 of this form, and the details and original signature of the Verifying Officer MUST be provided below.

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](http://www.screening.dcsi.sa.gov.au/screening-process/how-to-apply/identity-check) as set out on the DCSI website (www.screening.dcsi.sa.gov.au/screening-process/how-to-apply/identity-check).

CURRENT FULL NAME of the Applicant as per identity documentation:

Name of verifying officer:

Position:

Organisation:

Telephone: (W)

(M)

Email address:

Signature:

C2 100 Point Identification Check			
Please <input checked="" type="checkbox"/> Tick selected choices			
Category	Type of Document	Value	Points
<p>Category A</p> <p>Each document is worth 70 points</p> <p>Only one document from this category will be accepted.</p>	<input type="checkbox"/> Birth Certificate (COMPLETE – NOT EXTRACT) <input type="checkbox"/> Certificate of Australian Citizenship <input type="checkbox"/> Australian Passport (CURRENT, OR EXPIRED WITHIN THE PREVIOUS TWO YEARS, BUT NOT CANCELLED) <input type="checkbox"/> Foreign Passport (CURRENT OR EXPIRED WITHIN THE PREVIOUS TWO YEARS, BUT NOT CANCELLED) <input type="checkbox"/> Other international document of identity having same characteristics as a passport, e.g. diplomatic or refugee travel papers (WITH IDENTIFYING PHOTOGRAPH OR SIGNATURE)	70	-----
<p>Category B Documents</p> <p>The first Category B document is worth 40 points. Each additional document is worth 25 points.</p>	<input type="checkbox"/> Australian Motor Vehicle Driver's Licence / Learner's Permit <input type="checkbox"/> Public Employee Photo ID Card (GOVERNMENT ISSUED) <input type="checkbox"/> Department of Veterans' Affairs (DVA) Card <input type="checkbox"/> Centrelink Pensioner Concession Card OR Health Care Card (ONE ONLY) <input type="checkbox"/> Current Student Photo ID Card (UNIVERSITY / HIGH SCHOOL / TAFE) <input type="checkbox"/> Reference from a Medical Practitioner (must have known the applicant for a period of at least 12 months) <input type="checkbox"/> Working with Children Card OR Teachers Registration Card (ONE ONLY) <input type="checkbox"/> Aviation Security OR Maritime Security Identification Card (ONE ONLY)	40 or 25	-----
<p>Category C Documents</p> <p>Each document is worth 25 points</p> <p>To use more than one Category C document, they must be from different organisations.</p>	<input type="checkbox"/> Extract of a Birth Certificate <input type="checkbox"/> Proof of Age Card (GOVERNMENT ISSUED) <input type="checkbox"/> Medicare Card OR Private Health Card (ONE ONLY) <input type="checkbox"/> Seniors Card <input type="checkbox"/> Assessment Notice from the Australian Taxation Office <input type="checkbox"/> Superannuation Statement <input type="checkbox"/> Electoral Roll registration notice <input type="checkbox"/> Professional Accreditation OR Trade Association Card (ONE ONLY) <input type="checkbox"/> Foreign/International Driver's Licence <input type="checkbox"/> Council rates notice <input type="checkbox"/> Property Insurance Confirmation <input type="checkbox"/> Property lease / rental agreement <input type="checkbox"/> Motor Vehicle Registration OR Insurance Certificate (ONE ONLY) <p>If any of the following items are used, they must be from different providers</p> <input type="checkbox"/> Utility bills (ELECTRICITY / GAS / TELEPHONE / WATER) <input type="checkbox"/> Bank/financial institution statement or passbook <input type="checkbox"/> Credit card / Debit 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	-----

100–Point Minimum

The Verifying Officer must be satisfied as to the applicant’s identity and must sight originals or certified copies of documents, totalling at least 100 points.

The combination of the applicant's identity documents must include the Applicant’s full name, the date of birth, at least one document from Category A or Category B, and a photograph of the Applicant (in an item from any category).

No Photo–ID

If the Applicant does not have any photographic proof of identity, the Applicant must present a passport–style photograph that has been certified by a person listed in Schedule 2 of the federal [Statutory Declarations Regulations 1993](#). The agency/organisation that commissions the screening must keep the certified photograph of the Applicant as part of the organisation’s permanent records.

A certified photograph provided by the Applicant for identity verification purposes DOES NOT count towards the 100 point total.

<input type="checkbox"/> Certified photograph of the applicant sighted	0 points
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Different Names

If the items that make up 100 or more points have been issued to the Applicant in different names, additional documentation will be required to confirm change of name validity. These will be items such as a Deed Poll Certificate, Marriage Registration Certificate or divorce determination papers from the Family Court. **Those extra documents must be originals or certified copies, but DO NOT count towards the 100 point total.**

Special Provisions

Special provisions apply to the following categories of Applicants, when they are unable to meet the regular identity verification requirements:

- **ABORIGINAL or TORRES STRAIT ISLANDER resident in a remote or isolated location:** There is an added option of TWO letters provided by community leaders (individuals recognised as leaders of the community to which the applicant belongs). Each letter of verification scores 50 points towards the total 100 points.
- **RECENT ARRIVAL** (immigrant or visitor who has been in Australia for 6 weeks or less – proof of arrival date required): current passport will constitute the required 100 points.
- **LEGAL MINOR** (person under 18 years of age): Any item from Category A or a statement from an educational institution (MUST be on the institution's letterhead), signed by the School/Institution Principal or Deputy Principal and confirming that the applicant attends the institution, will constitute the required 100 points.

Part D: Employment Information

This section MUST be completed by the Requesting Officer at the Applicant's Requesting Organisation (the Requesting Organisation is the Applicant's employer, university or volunteering agency).

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

D1 Requesting Organisation

Name of Organisation: **UNIVERSITY OF SOUTH AUSTRALIA**

Business Address: **DIVISION OF HEALTH SCIENCES NORTH TERRACE**

Suburb/town: **ADELAIDE**

State: **SA**

Postcode: **5001**

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: **ANTHONY DE CONNO**

Position: **MANAGER, CLINICAL PLACEMENT UNIT**

Telephone: (W) **08 8302 2204** (M)

Email address: **ANTHONY.DECONNO@UNISA.EDU.AU**

Alternate contact: **VANESSA WOOD**

Alternate contact email address: **VANESSA.WOOD@UNISA.EDU.AU**

D3 Expected commencement (only if applicable)

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:

ROLE DESCRIPTION *The Applicant/ Requesting Officer/ Sole Trader MUST COMPLETE the following section.*

Please describe the Applicant's role and responsibilities:

CLINICAL PLACEMENT FOR STUDENTS UNDERTAKING HEALTH RELATED PROGRAMS IN THE DIVISION OF HEALTH SCIENCES AT THE UNIVERSITY OF SOUTH AUSTRALIA

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)
- Ensured the role description has been completed by you or your Requesting Officer.
- Ensured that your writing is clear and legible?

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 a screening 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/screening.

Interpreting Assistance

If you are from a culturally or linguistically diverse background and require assistance completing this form, the SA Government's Interpreting and Translating Centre, which provides confidential and professional interpreting and translating services, may be able to assist you.

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

