



AUSTRALIAN CAPITAL TERRITORY SCREENING CONSENT FORM

CONFIDENTIAL

This form is to be completed by person whose names are submitted for employment screening.

No background checks can be completed on a person without this consent being provided.

Original identifying documents are to be sighted.

Surname: _____

Given name(s): _____

Previous names/
aliases: _____

Place of birth: City: _____

State: _____

Country: _____

Date of Birth: _____

Driver's licence
number: _____

Gender: Male Female

Address: _____

Telephone: (Home) _____

(Mobile) _____

Type of position Paid employee Volunteer Student Placement

Title of position
applied for: _____

I certify that the above information is accurate and understand that if I have provided false or misleading information it may result in a decision not to employ me, or, if already employed, may lead to my dismissal.

I am aware that if considered for employment in a child-related position, several checks will be undertaken to ascertain my suitability. I understand that these checks will include a Police check. I consent to these checks being conducted.

Name: _____

Signature: _____

Date: _____