| Phone       1800 723 368 (1800 SAFENT)       Office Location         Fmail       safent.police@nt.gov.au (enquiries only inbox.       Applications sent via email will not be processed)       Ground Floor, 71 Smith Street Darwin       Opening Hours         Mail       SAFE NT - NT Police       GPO Box 39764 Winnellie NT 0821       Moday - Thursday 8.30am - 4.00pm       Friday       9.30am - 4.00pm         WORKLOOD ENLY         OFFICE USE ONLY         Date Received       /       /       Receipt No       Lodged at       Entered         For volunteers engaged in child-related work. Print all responses in block letters.         All sections must be complete - insufficient information will result in the application being returned unprocessed.         SECTION A - DETAILS OF APPLICANT         Title:       Mrs       Miss       Ms       Dr       Sex: Male       Female       X         Family name/surname       Other given name/s       I only have a legal single name       Daytime contact       Mobile number       Mobile number |
|--|
| OFFICE USE ONLY         Date Received / / Receipt No       Lodged at         For volunteers engaged in child-related work. Print all responses in block letters.         All sections must be complete - insufficient information will result in the application being returned unprocessed.         SECTION A - DETAILS OF APPLICANT         Title: Mr       Mrs       Miss       Ms       Mr       Dr       Sex: Male       Female       X         Family name/surname       I only have a legal single name       Other given name/s       I only have a legal single name         Daytime contact       Mobile number       Mobile number       Mobile number       I only have a legal single name  |
| Date Received       /       Receipt No       Lodged at       Entered         For volunteers engaged in child-related work. Print all responses in block letters.         All sections must be complete - insufficient information will result in the application being returned unprocessed.         SECTION A – DETAILS OF APPLICANT         Title:       Mrs       Miss       Ms       Mx       Dr       Sex: Male       Female       X         Family name/surname       I only have a legal single name       Other given name/s       I only have a legal single name         Daytime contact       Mobile number       Mobile number   |
| For volunteers engaged in child-related work. Print all responses in block letters.         All sections must be complete - insufficient information will result in the application being returned unprocessed.         SECTION A – DETAILS OF APPLICANT         Title: Mr       Mrs       Miss         Miss       Ms       Mx       Dr         Sex: Male       Female       X         Family name/surname       I only have a legal single name         First given name       Other given name/s         Daytime contact       Mobile number   |
| All sections must be complete - insufficient information will result in the application being returned unprocessed.  SECTION A – DETAILS OF APPLICANT  Title: Mr Mrs Miss Ms Ms Mr Dr Sex: Male Female X Family name/surname I only have a legal single name  First given name Other given name/s Daytime contact Mobile number  |
| Title: Mr Miss Ms Mx Dr Sex: Male Female X   Family name/surname I only have a legal single name   First given name Other given name/s   Daytime contact Mobile number   |
| Family name/surname  I only have a legal single name    First given name  Other given name/s    Daytime contact  Mobile number   |
| First given name     Other given name/s       Daytime contact     Mobile number  |
| Daytime contact  |
|  |
|  |
| Date of birth (dd/mm/yyyy)   |
|  |
| Place of birth Town / City Country Country   |
| Other Names: Have you been known by any other name? eg. name before marriage, alias, changed by deedpoll.  |
| Maiden name Former name Also known as Given name/s Surname   |
|  |
| Former name Also known as Given name/s Surname   |
| OR Please attach a separate sheet to list other names that you have been previously known as.  |
| Australian Postal Address (Your Clearance Notice and Ochre Card will be mailed to this address unless otherwise requested in section E)  |
| PO Box number/Street number/Street name Suburb/town State Postcode   |
|  |
| Please check all details, including postcode, are correct. SAFE NT takes no responsibility where undeliverable information is provided.  |
| Current Residential Address (must not be a PO Box or Business Address)<br>(A current residential address must be supplied in order to process this application)  |
| Street number/Street name     Suburb/town     State     Postcode   |
|  |
|  |
| SECTION B – PREVIOUS RESIDENTIAL ADDRESS   |
| Please list previous residential addresses for the past 5 years, starting with the most recent but not including your cu<br>residential address. If you cannot remember exact details, please include approximate years and town/State details. Atta<br>separate page if you require further space.  |
| Street number/Street name Postcode Suburb/town State Postcode  |
|  |
| Date from: (dd/mm/yyyy) / / Date to: / / Country if outside Australia  |
| Street number/Street name Suburb/town State Postcode   |
|  |
| Date from: (dd/mm/yyyy) / / Date to: / / Country if outside Australia  |

|                   | SAFE NT Form - Working With Children Clearance Application (V) - Version 2.2 – 29/10/2024   |
|-------------------|---|
|                   | SECTION C - ATTACH PHOTO HERE   |
| АТТАСН<br>РНОТО   | A Clearance Notice will be accompanied by an "Ochre Card", that can be presented as evidence of the persons clearance to work in child-related employment. This card contains the holders photograph and unique Clearance Notice Number. A new photo must be provided for all new and renewal applications. |
| DO NOT STAPLE     | Attach a passport size and quality photo to your application. <b>Do not staple to the page.</b> See website for details on acceptable images. You do not need to attach a photo if you are lodging your application in person at SAFE NT.   |
| SECTION D -       | PURPOSE OF CHECK  |
| Application type: | (tick one)  |
| New Applicati     | on OR Renewal Clearance Number Expiry Date  |

Type of employment: (tick one)

Volunteer **OR** Student placement

Occupation / brief description of role in child-related work

## SECTION E - VOLUNTEER ORGANISATION DETAILS

The Screening Authority may notify any person who engages you in child-related employment, if your Clearance Notice is revoked or subject to imposed conditions.

Name of employer organisation

Postal address of organisation

| Daytime Contact phone number | Contact name/ Title of organisations representative |
|------------------------------|---|
|                              | 5 1   |

The following information is required:

By Default - Your Clearance Notice and Ochre Card will be sent directly to your personal Postal Address.

<sup>1</sup> It is your responsibility to confirm details of your clearance to work with children with your employer or potential employer within the Volunteer Organisation.

OR

Please send to my employer. I consent to my personal information being delivered to this organisation listed. Note: Only one Ochre Card will be produced. Additional copies can be purchased from SAFE NT - conditions apply.

# To be Completed by CEO or Manager of Volunteer Organisation

I certify that the person named on this form is a registered volunteer with this organisation and will receive no payment, benefit or financial gain from work they undertake.

| Name                                 |                           |   |
|--------------------------------------|---------------------------|---|
| What is the volunteer role?          |                           |   |
| Contact name / title of organisation | is representative         | Daytime phone number  |
| Signed                               |                           | ld/mm/yyyy)<br>nths from the date of application lodgement) |
|                                      | www.pfes.nt.gov.au/safent | Page 2 of 4   |

#### SAFE NT Form - Working With Children Clearance Application (V) - Version 2.2 - 29/10/2024

#### SECTION F - PROOF OF IDENTITY

#### Proof of identity documentation

Applicants must attach a copy of a minimum of two (2) types of acceptable identification from the list below with a minimum of 100 points. Identification must include at least one type of photo ID (Category A) plus identification that contains the applicant's current residential address, signature and date of birth. All ID must be in the same name or you must provide a change of name certificate. **All documents must be current or valid.** 

|   | tegory A<br>u must have at least ONE Category A document   |               | Category B  |
|---|--|---------------|---|
| 1.  | Passport (Australian/Foreign) = 70 points  |               | 7. Australian citizenship certificate = 70 points   |
| 2.  | Australian drivers licence = $40 \text{ points}$   |               | 8. Birth certificate = 70 points  |
| 3.  | Australian issued Firearms licence = 40 points   |               | 9. Centrelink cards = 25 points   |
| 4.  | Australian evidence of age card $(18+) = 40$ points  |               | 10. Government employee ID = 40 points  |
| 5. Working with children or vulnerable person clearance = $40$ points |  |               | 11. Statutory declaration as to identity containing image of applicant = 40 points                                |
| 6.  | Community identity card or document with photo,  |               | 12. Medicare card = 25 points   |
| name and DOB from an Aboriginal Land Council<br>= $40 \text{ points}$ |  |               | 13. Property rates notice/utilities notice<br>(with current residential address) = 25 points                      |
|   | Add total points - must be 100 points or more minimum two (2) types of acceptable identification |               | 14. Bank statement<br>(with current residential address) = 25 points  |
|   |  |               | cuments used to verify your ID. You must include information ncluding licence/passport/ID number and expiry date. |
| Ca  | tegory A document. Please identify document numb   | per from list | t above (1–6).  |
| Pa  | ssport/licence/ID number   |               |   |
| Sta   | ate of Issue   |               | Expiry Date / /   |
| Co  | untry of Issue   |               |   |
|   | ner document provided. Please identify document n<br>is can be a second Category A document.     | umber fron    | n list above (1–15).  |

| Card/licence/membership/ID number |  |             |   |   |
|-----------------------------------|--|-------------|---|---|
| State of Issue                    |  | Expiry Date | / | / |
| Country of Issue                  |  |             |   |   |

In certain circumstances of hardship an application may be made to the Screening Authority for the ability to vary the requirement for meeting 100 points. For further information contact: safent.police@pfes.nt.gov.au. If you are under the age of 18, then one document from Group A or a statutory declaration of identity attesting that you are a current student of the school made by a Principal of that school will be sufficient to satisfy the 100 point check.

#### SECTION G - CANDIDATES/APPLICANTS DECLARATION

I certify the information contained in this application is true and correct, and that I have disclosed all names, including aliases used by me now or in the past. I am aware it is an offence to give false or misleading information.

I consent to SAFE NT conducting a Working with Children Screening check on me to determine my suitability to engage in Child-related work. I consent to the disclosure of new criminal history information or any other relevant information related to actual or suspected criminal matters to SAFE NT by a relevant agency or authority, during the currency of a WWCC which may be used to re-assess my WWCC.

I understand that the information obtained includes, but is not limited to, details of convictions and pending charges or information relating to offences committed or allegedly committed by me, regardless of when and where the offence or alleged offence occurred.

I understand SAFE NT will make use of that information and any subsequent information about my criminal history which may be obtained to enable a full and informed assessment of risk.

Signed

| Date |  | (dd/mm/yyyy) |
|------|--|--------------|
|------|--|--------------|

## **SECTION H - LODGING YOUR APPLICATION FORM**

Have you completed all sections of this form?

Have you attached copies of ID to the value of 100 points including at least one photographic ID?

Have you attached a passport size and quality photograph of yourself (not required if lodging form in person at SAFE NT)?

Have you decided how you will pay?

Applications that are emailed will NOT be accepted. Applications will not be processed unless payment is made.

### Lodge and pay with SAFE NT

| In person<br>Cash, Cheque,                | Money Order, EFTPOS/Credit Card  | Via mail<br>Option 1 - Mail application and payment   |
|---|----------------------------------|---|
| SAFE NT<br>Ground Floor<br>71 Smith St, D |                                  | Cheque or money order - No cash<br>SAFE NT<br>PO Box 39764  |
| Office hours<br>Mon-Thurs<br>Friday only  | 8.30am– 4.00pm<br>9.30am– 4.00pm | WINNELLIE NT 0821<br>Option 2 – Mail application and pay over the phone<br><i>Visa/Mastercard</i> |
|   |                                  | Provide contact details below and SAFE NT will call you to take your credit card payment.         |

#### Over the phone payment for mailed applications – nominate the best contact person and contact number below.

| Name of contact person |  | Contact number |
|------------------------|--|----------------|
|                        |  |                |

## Lodge and pay in person with a Territory Business Centre

Payment options are cash, credit card or EFTPOS.

| Darwin                | Katherine                    | Tennant Creek           | Alice Springs       |
|-----------------------|------------------------------|-------------------------|---------------------|
| Building 3            | Big Rivers Government Centre | Shop 2 Barkly House     | Green Well Building |
| Darwin Corporate Park | 5 First Street               | Cnr Davidson Street and | 50 Bath Street      |
| 631 Stuart Highway    | Katherine                    | Paterson Street         | Alice Springs       |
| Berrimah, Darwin      | Opening hours                | Tennant Creek           | Opening hours       |
| Opening hours         | Mon – Fri                    | Opening hours           | Mon – Fri           |
| Mon – Fri             | 8.00am – 4.30pm              | Mon – Fri               | 8.00am – 4.00pm     |
| 8.00am-4.30pm         |                              | 8.00am-4.21pm           |                     |

Contact:

Phone:

Web:

1800 723 368 www.pfes.nt.gov.au/safent

Postal: Email: SAFE NT - PO Box 39764 WINNELLIE NT 0821 safent.police@nt.gov.au