

# NT Police Auxiliary Application Form

Please read all questions and instructions carefully

All sections of the application must be answered. If any item is missed or not completed, the application will not be accepted or processed. If an item is not applicable write N/A

You must make **full disclosure**, which includes all criminal and civil proceedings, all spent convictions, all traffic offences including traffic tickets and court appearances & all juvenile offences.

Failure to disclose information may result in your application not being processed or once appointed, the termination of your appointment.

## PHOTOGRAPHIC IDENTIFICATION

**Photograph 1**  
A colour passport photograph must be secured to this space

**Photograph 2**  
A colour passport photograph must be secured to this space

**Photograph 3**  
A colour passport photograph must be secured to this space

Communications     Frontline  
   

**SURNAME (Family Name)**

**GIVEN NAMES (In Full)**

  


**Date of Birth**    **Age**    **Gender**  
       

**Postal Address**

  


**State**    **Postcode**  
   

**Residential Address**

  


**State**    **Postcode**  
   

**Contact Details**

**Home**    **Work**  
   

**Mobile**

**Email Address**

**Marital Status**    **No. of Dependents**  
   

**Current Employer**

**Occupation**

**How did you first become aware of NT Police Recruiting?**

Newspapers     Television     Radio  
 Career Search     Magazine     Expo/Display  
 Social Media     Word of Mouth     Other Publication  
 Other     NT Police Website

Please Specify (i.e. NT News, Facebook, Seek.com etc.)

**Have you ever been known by or used any other name?**     YES     NO

If YES, give full name and reason for name change:

  


**Place of Birth - Town**

**State**    **Country**  
   

**If NOT born in Australia...**

(a) Date of arrival:     /  /

(b) Are you an Australian Citizen?     YES     NO

If YES, date attained:     /  /

(c) Do you have Permanent Residency?     YES     NO

(d) Are you a New Zealand Citizen?     YES     NO

If YES to any of the above, provide evidence

**What is your Nationality?**

**Are you of Aboriginal or Torres Strait Islander Descent?**

Yes - Aboriginal     Yes - Torres Strait Islander  
 Yes - Both

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**OFFICE USE ONLY**

Date Received     /  /

Receiving Officer    \_\_\_\_\_

Reference No.     /

Entering Officer    \_\_\_\_\_

Height, without shoes (cm)

Weight, stripped (kg)

Hepatitis B immunised?  YES  NO

Do you wear glasses?

If YES, provide details i.e. long sighted  YES  NO

  

Do you wear contact lenses?

If YES, provide details i.e. long sighted  YES  NO

  

Do you have defective colour vision?

If YES, provide details i.e. protan deficient  YES  NO

  

Do you suffer from any hearing defects?

If YES, provide details  YES  NO

  

Do you suffer from any physical disabilities?

If YES, provide details & medical reports  YES  NO

  

No. of Schools attended

Highest education level completed:

Year  10  11  12  University

Last educational faculties attended

High School:

University:

Date left high school:

Drivers Licence

Number

State  Expiry

Are you able to drive a manual car / motor vehicle?

YES  NO

If you answered NO to this question, you will be required to learn to drive a manual car prior to the commencement of training if applying for Watch House or Police Auxiliary Liquor Inspector roles.

In which state/territory have you held a licence?

ACT  NSW  NT  NZ  QLD

SA  TAS  VIC  WA

National Provide First Aid certificate  YES  NO

Date Issued

Further studies certification

  
  
  
  
  
  
  
  
  

Trade certificates

  
  
  
  
  
  
  
  
  

Computer Skills (outline programs you have experience using)

  
  
  
  
  
  
  
  
  

Other relevant skills / certificates

# Family

RELATIONSHIP	NAMES IN FULL	DATE OF BIRTH
Husband/Wife/ Defacto	<input type="text"/>	<input type="text" value="/ /"/>
Dependant	<input type="text"/>	<input type="text" value="/ /"/>
Dependant	<input type="text"/>	<input type="text" value="/ /"/>
Dependant	<input type="text"/>	<input type="text" value="/ /"/>
Dependant	<input type="text"/>	<input type="text" value="/ /"/>
Dependant	<input type="text"/>	<input type="text" value="/ /"/>
Dependant	<input type="text"/>	<input type="text" value="/ /"/>

## Police Application History

**1. Have you previously applied to join the NT Police Force?**

YES     NO – Go to question 2

If YES, date of previous application

Reason for or stage of non-acceptance

Date of previous application

Reason for or stage of non-acceptance

**2. Have you previously applied to join any other Police Service?**

YES     NO

If YES, which Police Service have you applied to?

State                      Date  
                     

Reason for or stage of non-acceptance

State                      Date  
                     

Reason for or stage of non-acceptance

State                      Date  
                     

Reason for or stage of non-acceptance

## Police Service History

**1. Are you or have you ever been a member of any Police Service?**

YES – Go to question 2     NO

**2. If YES, which Police Service are/were you serving with?**

Your rank or classification

Service number	Date enlisted	Date resigned/terminated
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>

Reason for resignation/termination

Have you ever been the subject of complaints against police, internal investigations or ever had disciplinary action imposed upon you whilst a serving member?

YES     NO

If YES provide details (circumstances, date etc.)







# Referees

Please nominate one person who has known you personally for at least **TWO YEARS** and is not related to you, one previous employer/supervisor and your current employer/supervisor

Character Reference	Previous Employer	Current Employer (please note we may contact your current employer)
Given Name <input type="text"/> <input type="text"/>	Given Name <input type="text"/> <input type="text"/>	Given Name <input type="text"/> <input type="text"/>
Surname <input type="text"/> <input type="text"/>	Surname <input type="text"/> <input type="text"/>	Surname <input type="text"/> <input type="text"/>
Occupation <input type="text"/> <input type="text"/>	Occupation <input type="text"/> <input type="text"/>	Occupation <input type="text"/> <input type="text"/>
Nature & length of acquaintance <input type="text"/> <input type="text"/>	Nature & length of acquaintance <input type="text"/> <input type="text"/>	Nature & length of acquaintance <input type="text"/> <input type="text"/>
Contact telephone number <input type="text"/> <input type="text"/>	Contact telephone number <input type="text"/> <input type="text"/>	Contact telephone number <input type="text"/> <input type="text"/>
Email address <input type="text"/> <input type="text"/>	Email address <input type="text"/> <input type="text"/>	Email address <input type="text"/> <input type="text"/>

## Declaration

### ALL APPLICANTS TO COMPLETE

I declare that to the best of my knowledge the information supplied herein is correct and complete and I hereby authorise the Northern Territory Police Force to verify all of the information contained in my application. I acknowledge the provision of incorrect information or the withholding of any information relating to my application may adversely affect the assessment of my integrity and could result in the cancellation of my application. I hereby give my consent for you to obtain references from the persons nominated as my referees. If unsuccessful with this application I understand that nothing will be automatically returned to me and this application may be destroyed upon completion of the application process. And further, **I understand that if successful, I may be required to serve at any locality within the Northern Territory. There are no prevailing factors, medical or other, with myself or my immediate family, which would preclude me from serving anywhere at the discretion of the Commissioner of Police.**

Signature of Applicant

Date

Northern Territory Police, Fire and Emergency Services (NTPFES) is collecting information on the application form for Police Auxiliary to ascertain an applicant's suitability for appointment. The collection of this information is authorised under the provisions of the *Police Administration Act*. Failure to provide this information may result in your application not being processed. You can access your personal information provided on this form within a 3 year period. If you have any queries or wish to access this information please contact NTPFES by phoning 1800 005 099.

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# Northern Territory Police Force

Consent and Authority to Undertake Background Enquiries

Release and Delivery of information to the Northern Territory Police Force

Release and Waive All Rights, Suits or Claims

## AUTHORITY: Police Administration Act

I, (full name – please print) .....  
acknowledge that I have applied for appointment as a member of the Northern Territory Police Force.

I further acknowledge that in taking the necessary steps to assess my suitability for appointment as a member, the Northern Territory Police Force will give consideration to matters which provide that a decision to appoint a person as a member must be made on the basis of merit of applicants and that merit includes an assessment of my integrity and good conduct.

To determine my merit for appointment, I hereby consent and authorise the Northern Territory Police Force to undertake background enquiries with police services and other agencies, both State and Federal, in connection with the determination of my merit for appointment, including my integrity and good conduct, and further consent and authorise such police services and other agencies as required to uplift all information that may directly or indirectly relate to me, and release and deliver such information to the Northern Territory Police Force.

I further consent and authorise the Northern Territory Police Force to undertake community background enquiries from my referees, police referees, current and previous employers, former and current places of residence, educational facilities, where applicable, in connection with the determination of my merit for appointment, including my integrity and good conduct, and further consent and authorise the release and delivery of all such information to the Northern Territory Police Force.

I further consent and authorise the Northern Territory Police Force to undertake medical inquiries, obtain reports and results from any medical practitioner, surgery, hospital, clinic or other medical facility in order to assess my suitability and ability to perform the duties of an operational police officer, and further consent and authorise such medical personnel as required to uplift all information that may directly or indirectly relate to me, and release and deliver such information to the Northern Territory Police Force.

Further, I hereby release and waive all rights, actions, suits or claims which may prevent, or arise from (whether directly or indirectly) the release and delivery of such information to the Northern Territory Police Force and the use of such information by the Northern Territory Police Force in the determination of my merit for appointment. And this release and waiver may be pleaded in bar to any action, claim, suit or proceedings, commenced or now taken or which hereinafter may be taken by me in any jurisdiction with respect to the release, delivery of such information to the Northern Territory Police Force or the use of such information by the Northern Territory Police Force in the determination of my merit for appointment as a member of the Northern Territory Police Force.

Signed

Date

Place of birth

Date of birth

Witness (print name)

Signature (of witness)

Date

**Note: A member of the Police Force includes a person appointed as a member under S16, S16AAA, S18 or S19 of the Police Administration Act.**

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# Health Assessment

Medical Questionnaire for Appointment as a Member of the Northern Territory Police Force.

Please read all instructions and questions carefully.

## Instructions

1. Complete this form in your own handwriting.
2. Answer all questions in the medical questionnaire by ticking either 'YES' or 'NO'. If the answer to any question is "YES" supply details where directed.
3. Complete the declaration and waiver and sign the form.

You must make full disclosure. This includes all medical procedures, illnesses, injuries, operations or any other medical condition. Failure to disclose any information will result in your application not being processed or once appointed the termination of your appointment.

## Personal Details

Surname

Given Names (in full)

Date of Birth  /  /       Gender

Height (cm in bare feet)       Weight (kgs stripped)

Residential Address

### Do you have, or have you ever had, any of the following?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Asthma                                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Diabetes                                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Epilepsy, fits, seizures or convulsions | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Blackouts, fainting                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Heart disease, chest pain or angina     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Palpitations / irregular heartbeat      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Tuberculosis or lung disease            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. High blood pressure                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Injuries including head or back         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. Speech impediment                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 11. Hepatitis B/C or HIV/AIDS              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 12. Migraines or persistent headaches      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 13. Mental illness or related conditions   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 14. Anxiety or depressive illness          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 15. Stress related disorders or conditions | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 16. Cancerous conditions, including skin   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 17. Arthritis of any form                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 18. Chronic bone or joint condition        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 19. Deafness or hearing defects            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 20. Physical disabilities                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

### Provide full details to the following questions where applicable

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 21. Do you wear visual aids?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 22. Are you colour blind to any degree?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 23. Have you undergone any operation, including laser surgery, in your lifetime?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 24. Are you presently consulting a medical practitioner for any illness or injury?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 25. Are you receiving and medical treatment or taking any medication?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 26. Do you have, or have you ever had, any other illnesses or injuries (other than those which are minor)?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 27. Are you aware of any circumstances regarding your health or fitness which would render you unable to carry out the occupational requirements of a member of the Police Force and complete the physical training program uninterrupted? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If you have answered YES to any of the previous questions (1 – 27) please provide details below.

Details (include year of onset, treatment and current condition. Ensure you number the response)

  
  
  

  
  
  


No. \_\_\_\_\_

  
  
  


No. \_\_\_\_\_

  
  
  


No. \_\_\_\_\_

# Declaration

I, (full name)....., declare all the answers in this Medical Questionnaire to be, to the best of my knowledge and belief, true and correct.

**I acknowledge that the provision of incorrect information or the withholding of any information relating to my health and fitness may adversely affect the assessment of my integrity in the selection process and will result in the withdrawal of my appointment as a police recruit.**

## Authorisation and Direction

**In making this declaration, I (full name).....** authorise and direct any medical practitioner who has been or may be consulted by me, shall divulge at any time to the Commissioner of Police, any information concerning my health and medical history that he/she may have acquired in the course of any professional attendance by him/her on me, or any professional consultation I have had with him/her and I hereby expressly waive all professional confidence and provisions of laws to privilege relating to disclosure of such information, and further agree that this authority shall be sufficient for the purposes of the Evidence Act (NT)

I authorise the Northern Territory Police Force to retain this medical questionnaire and any medical reports and I am aware that in the event that my application is unsuccessful, I may request the return of the Medical Questionnaire and any medical reports within a 3 year period.

Signature of Applicant

Date

*Note: A member of the Police Force includes a person appointed as a member under S16, S16AAA, S18 or S19 of the Police Administration Act*

## Proof of Identity

**ALL** applicants need to provide 100 points of proof by providing **certified true copies** of identification as described in the table below. *Note: A minimum of one of the supplied Documents must contain a photograph and be from the Primary Identification Category*

<b><u>Primary Identification</u></b>	<b>Score</b>	<b>Tick</b>
<b>Passport</b>	70	<input type="checkbox"/>
<b>Citizenship</b>	70	<input type="checkbox"/>
<b>Birth Certificate</b>	70	<input type="checkbox"/>
<b>Licence issued under a law</b> ( <i>drivers licence or shooter licence</i> )	50	<input type="checkbox"/>
<b><u>Secondary Identification</u></b>		
<b>Employment ID</b>		
<i>ID card issued by Employer (name and address)</i>	35	<input type="checkbox"/>
<b>Letter from Employer (within the last two years)</b>		
<i>Confirming name and address</i>	35	<input type="checkbox"/>
<b>Rates notice</b>	35	<input type="checkbox"/>
<b>Credit/Debit cards/Passbooks</b> ( <i>only one per institution</i> )	25	<input type="checkbox"/>
<b>Medicare Card</b>	25	<input type="checkbox"/>
<b>Membership Card</b>		
<i>Club, union or trade, professional bodies</i>	25	<input type="checkbox"/>
<i>Education institution</i>	25	<input type="checkbox"/>

**Current and previous holders of a Northern Territory Drivers Licence ONLY**  
Interstate applicants need to contact their relevant road authority to provide this information



## Authority to Release Traffic Infringement and Traffic Conviction History

Please use **BLOCK LETTERS**

I (Mr/Mrs/Miss/Ms): .....  
(Family Name) (Given Names)

Maiden Name: .....  
(Family Name) (Given Names)

Other Names .....  
(Include any other names by which known)

Born on ...../...../..... at ..... Sex: M / F  
(Town/City, State, Country)

of (Full Residential Address): .....

..... Postcode: .....

Telephone Number (Work): ..... (Mobile): .....

Current Driver's Licence Number: ..... State/Territory of issue: .....

**HEREBY CONSENT** to a check of records, or other information, kept by the Northern Territory Police of Australia, and release of details of any traffic infringement, or other relevant driver history information, recorded against my name to myself or a third party as identified below.

**Name and postal address of person, organisation or agency requiring information:**

Northern Territory Police, Police Recruitment Section  
PO Box 39764 Winnellie NT 0821

**AND IN SO DOING** hereby indemnify the Northern Territory of Australia, its servants and agents against all liabilities and against all actions, suits, proceedings, claims, demands, costs and expenses whatsoever which may be taken or made in respect of the release or use hereunder of any details of any convictions, or other information purporting to either relate to or involve me.

Print Name: ..... Signed: .....

In the presence of: ..... Signed: .....

..... Date: ...../...../.....  
(Address of witness)

### PRIVACY STATEMENT

Northern Territory Police, Fire and Emergency Services (NTPFES) is collecting information on this form 'Authority to Release Traffic Infringement/Conviction History' to ensure that the correct person is entitled to receive the information requests. This collection is authorised or required by the Northern Territory Police Administration Act. The information provided on this form is only used to identify the applicant for the purpose of providing a Traffic Infringement History Report. Failure to supply any material requested will result in your application not being processed. You can access your personal information provided in an Authority to Release Traffic Infringement History form within the period information is held. This information is held for less than 10 years. If you have any queries or wish to access this information, please contact NTPFES by phoning 08 8985 8926.

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# Northern Territory Police Auxiliary

## Computer Skills Competency Advice

An essential criteria to gain a position with the Northern Territory Police is for an applicant to demonstrate they have general computer skills including the use of Microsoft Programs, Email and Internet. This must be accompanied by the applicant providing evidence.

Applicants are encouraged to submit evidence such as a Typing Certificate / Computer Skills Certificate, School or TAFE Certificates to demonstrate they meet the desired criteria. However in the event you are unable to obtain such evidence, please have your employer complete this documentation and submit with your application.

.....

**Name of Organisation:** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

**Employers Contact:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Computer Competency Checklist

**PROGRAMS**

**FREQUENCY OF USE**

- |                                     |                                |                                 |                                  |
|-------------------------------------|--------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> MS Word    | <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> MS Office  | <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> MS Excel   | <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> PowerPoint | <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Outlook    | <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Internet   | <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly |

**Other:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Signature of Applicant:</b>	
<b>Date:</b>	
<b>Signature of Employer:</b>	
<b>Date:</b>	