

# NT Police Constable 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 youth offences.**

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

## PHOTOGRAPHIC IDENTIFICATION



**SURNAME (Family Name)**

**GIVEN NAMES (In Full)**

  

**Date of Birth**

**Age**

**Gender**

**Postal Address**

  

**State**

**Postcode**

**Residential Address**

  

**State**

**Postcode**

**Occupation**

**Current Employer**

**Contact Details**

**Home**

**Work**

**Mobile**

**Email Address**

**Marital Status**

**No. of Dependants**

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Newspapers    | <input type="checkbox"/> Television        | <input type="checkbox"/> Radio             |
| <input type="checkbox"/> Social Media  | <input type="checkbox"/> Magazine          | <input type="checkbox"/> Other Publication |
| <input type="checkbox"/> Career Search | <input type="checkbox"/> Word of Mouth     | <input type="checkbox"/> Expo/Display      |
| <input type="checkbox"/> Other         | <input type="checkbox"/> 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?**

- |   |   |
|---|---|
| <input type="checkbox"/> Yes - Aboriginal | <input type="checkbox"/> Yes - Torres Strait Islander |
| <input type="checkbox"/> Yes - Both       | <input type="checkbox"/> NO                           |

**What is your preferred posting locality?**

- |  |  |                                    |
|--|--|------------------------------------|
| <input type="checkbox"/> Tennant Creek | <input type="checkbox"/> Alice Springs | <input type="checkbox"/> Katherine |
|--|--|------------------------------------|

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

  

Do you wear contact lenses?  YES  NO  
If YES, provide details i.e. long sighted

  

Do you have defective colour vision?  YES  NO  
If YES, provide details i.e. protan deficient

  

Do you suffer from any hearing defects?  YES  NO  
If YES, provide details

  

Do you suffer from any physical disabilities?  YES  NO  
If YES, provide details & medical reports

  

No. of Schools attended

Highest education level completed:  
Year  10  11  12  University

Last educational faculties attended

High School:   
University:

Date left high school:  /  /

**Swimming ability**

Please outline your swimming ability (i.e. able to swim 200m without interruption). This will be assessed at a later time & date

  

**Drivers Licence**

Number

State  Expiry  /  /

Class   Open  Provisional  
 Manual  Automatic

In which state/territory have you held a licence?

ACT  SA  NSW  QLD  NZ  
 NT  WA  VIC  TAS

Can you COMPETENTLY drive a manual Vehicle?  YES  NO

Current Provide First Aid certificate?  YES  NO

COVID 19 Vaccination – Fully Vaccinated?  YES  NO

**PROVIDE EVIDENCE OF VACCINATION OR  
COMMONWEALTH EXEMPTION THAT SPECIFIES  
CONTRAINDICATION TO ALL TGA APPROVED VACCINES**

Further studies certification

  
  
  
  
  

Trade certificates

  
  
  
  
  
  
  
  
  

Computer Skills (outline programs you have experience using)

  
  
  
  
  
  
  
  
  

Languages and competency (e.g. spoken/written etc.)

  
  

Other relevant skills / certificates

















Applicants Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

## Parent Details

Parent 1 –  
Given Names

Parent 1 -  
Surname

Parent 1 –  
Date of Birth

Parent 2 –  
Given Names

Parent 2 -  
Surname

Parent 2 –  
Date of Birth

Parent 3 –  
Given Names

Parent 3 -  
Surname

Parent 3 –  
Date of Birth

## Sibling Details – Please provide full Given Names, Surname and Date of Birth

Given Name

Surname

Date of Birth

Given Name

Surname

Date of Birth

Given Name

Surname

<b>Date of Birth</b>	
<b>Spousal Details (last 5 years) – Please provide full Given Names, Surname and Date of Birth</b>	
<b>Given Names</b>	
<b>Surname</b>	
<b>Date of Birth</b>	
<b>Given Names</b>	
<b>Surname</b>	
<b>Date of Birth</b>	
<b>Given Names</b>	
<b>Surname</b>	
<b>Date of Birth</b>	
<b>Given Names</b>	
<b>Surname</b>	
<b>Date of Birth</b>	
<b>Children Details (including step children, or any other children who are / or have been in your care)</b>	
<b>Given Names</b>	
<b>Surname</b>	
<b>Date of Birth</b>	
<b>Given Names</b>	
<b>Surname</b>	
<b>Date of Birth</b>	
<b>Given Names</b>	
<b>Surname</b>	
<b>Date of Birth</b>	
<b>Given Names</b>	

<b>Surname</b>	
<b>Date of Birth</b>	
<b>Given Names</b>	
<b>Surname</b>	
<b>Date of Birth</b>	
<b>Given Names</b>	
<b>Surname</b>	
<b>Date of Birth</b>	

**Any other person you know or associate with that –**

- **Has a Criminal History,**
- **Engages in an Activity or**
- **Associates with certain people or organisations**

**That could reasonable be perceived as a CONFLICT OF INTEREST by the Northern Territory Police Force. (If in doubt – include their details)**

<b>Given Names</b>	
<b>Surname</b>	
<b>Date of Birth</b>	
<b>Given Names</b>	
<b>Surname</b>	
<b>Date of Birth</b>	
<b>Given Names</b>	
<b>Surname</b>	
<b>Date of Birth</b>	
<b>Given Names</b>	
<b>Surname</b>	
<b>Date of Birth</b>	
<b>Given Names</b>	
<b>Surname</b>	
<b>Date of Birth</b>	

If you were not born in Australia, provide birth country and Australian arrival date.

List any countries you have resided in for a period greater than 6 months.

## 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.

**I understand that if successful, I will initially be required to serve at a Regional location within the Northern Territory. I acknowledge that I will also be required to serve at a gazetted remote locality during my first six years of service with the Northern Territory Police Force. My immediate family are aware of these requirements and I certify that there are no impediments, medical or otherwise, with either myself or my immediate family, that would prevent me serving anywhere within the Northern Territory and 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 Constable 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. \_\_\_\_\_


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

<u>Primary Identification</u>	Score	Tick
<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.

# Northern Territory Police

## Swimming advice

An essential criteria to gain a position with the Northern Territory Police is for an applicant to demonstrate their ability to swim 200 meters successfully and un-aided. The preferred stroke is freestyle.

Applicants who DO NOT hold a current bronze medallion are asked to attend their local swimming pools or contact any other qualified persons (ie AUSTSWIM Registered Instructor) to assess your swimming ability. Please then complete this documentation and submit with your application.

.....

**Name of Facility:** \_\_\_\_\_

**Qualified Assessor:** \_\_\_\_\_

**Assessors Contact:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_

**Assessors Registration Details:** \_\_\_\_\_

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

**Time/Date of Assessment:** \_\_\_\_\_

**Stroke:** \_\_\_\_\_

**Distance:** \_\_\_\_\_

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