



# workingwithchildren

www.workingwithchildren.nt.gov.au  
 Phone: 1800 723 368 (1800 SAFENT)  
 Email: safent.police@nt.gov.au



## WORKING WITH CHILDREN CLEARANCE - APPLICATION

**For applicants seeking paid employment in Child-related work.**

SAFE NT  
 NT POLICE  
 GPO BOX 39764  
 WINNELLIE NT

Print all responses in block letters. Applicants should read and follow the directions contained within the Application Guidelines when completing this form.

**OFFICE USE ONLY**

Date Received  /  /  Receipt No  Lodged at   
 Entered

**Section A – Applicant Details**

Title: Mr  Mrs  Miss  Ms  Other – please specify  Sex: Male  Female   
 Family name/surname   
 First given name  Other given name/s   
 Daytime contact/mobile number  Email address   
 Date of birth  /  /   
 Place of birth Town / City  State  Country

**Other Names: Have you been known by any other name?** eg. name before marriage, alias, changed by deedpoll.

Maiden name <input type="checkbox"/>	Former name <input type="checkbox"/>	Also known as <input type="checkbox"/>	Given name <input type="text"/>	Surname <input type="text"/>
<input type="checkbox"/> OR	<input type="checkbox"/> OR	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Former name <input type="checkbox"/>	Also known as <input type="checkbox"/>		Given name <input type="text"/>	Surname <input type="text"/>
<input type="checkbox"/> OR	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>

Please attach a separate sheet to list other names that you have been previously known as.

**Postal Address**

PO Box number/Street number/Street name  Suburb/town  State  Postcode

**Current Residential Address** (must not be a PO Box or Business Address)

**(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 Addresses**

Please list previous residential addresses **for the past 5 years**, starting with the most recent but not including your current residential address. If you cannot remember exact details, please include approximate years and town/State details. Attach a separate page if you require further space.

Street number/Street name <input type="text"/>	Suburb/town <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Date from: (dd/mm/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>	Date to: <input type="text"/> / <input type="text"/> / <input type="text"/>	Country if outside Australia <input type="text"/>	
Street number/Street name <input type="text"/>	Suburb/town <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Date from: (dd/mm/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>	Date to: <input type="text"/> / <input type="text"/> / <input type="text"/>	Country if outside Australia <input type="text"/>	

Section C – Attach photo here

ATTACH  
PHOTO  
DO NOT STAPLE

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. Attach a passport size photo to your application. **Do not staple to the page.** See Application Guidelines or website for details on acceptable images. You do not need to attach a photo if you are lodging your application in person at SAFENT.

Section D – Purpose of check

Application type: (tick one)

New Application OR  Renewal Previous Clearance Number

Type of employment: (tick one)

Self employed OR  Current Employee in Child-related work OR  Seeking employment in Child-related work

Category of Child-related work

Please refer to Application Guidelines for list of child-related work categories and insert the number of the category that most fits your current or proposed employment situation.

Category Number

If you will not be working in connection with one of the listed categories you may not be required to gain a Working With Children Clearance Notice. Contact SAFE NT on 1800 723368 or safent.police@nt.gov.au for further details.

Applicants position / brief description of role in child-related work

Teachers only (Please delete if not applicable)

I authorise SAFE NT to forward a National Police Certificate containing my criminal history as identified from the working with children clearance process, to the Teacher Registration Board of the Northern Territory for its consideration pursuant to the relevant provisions of the *Teacher Registration (Northern Territory) Act*.

I understand that failure to give this authorisation may prevent me from **being registered and employed as a Teacher**, even though I may be issued with a Clearance Notice.

Signed  Date

\* See Application Guidelines for further information.

Section E – Details of Employer

Name of Employer organisation

Postal address of organisation

Daytime Contact phone number  Contact name/ Title of organisations representative

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. Your Clearance Notice and Ochre Card will be sent directly to your personal Postal Address. It is your responsibility to confirm details of your clearance to work with children with your employer or potential employer.

NT Government Employees

Employees of the Northern Territory Government are asked to provide your AGS number. If you have more than one AGS number, please list both in the space provided.

AGS

## Section F – 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 understand SAFE NT will obtain information about my criminal history and any additional information relating to that record from sources which may include courts, police, prosecution agencies or previous employers. 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.

I have completed this form after having read and considered the Application Guidelines.

Signed  Date  /  /

## Section G – Proof of Identity (to be completed by Qualified Person)

See Application Guidelines for list of Qualified persons.

### Instructions for persons verifying identity:

- Step 1. Sight original/certified copies of documents and calculate total value using Application Guidelines. Sign only if a minimum of 100 points have been reached. Special provisions for candidates under 18 years of age are listed in Application Guidelines.
- Step 2. Complete details below of one Primary Document that is sighted.
- Step 3. Certify a copy of one piece of photographic ID to be appended to this form.
- Step 4. Sign declaration below.

### Primary Document

Type of Primary Document sighted: (describe or insert number from list in Application Guidelines)

Passport/Licence/ID number

State of Issue  Expiry date  /  /

Country of Issue

### Declaration

I (insert full name)  certify that I have sighted an original/certified copy of documents which belong to (insert name of candidate) ,

AND I am satisfied that at least 100 points of identification have been presented to me, including at least one primary document.

**OR** I am satisfied that the candidate is under 18 years and has presented the required primary document or Statutory Declaration.

Full name of Qualified person

Address - PO Box number/Street number/ Street name  Suburb/town  State  Postcode

Daytime contact phone number

Qualification (see Application Guideline for list)

Signed  Date  /  /

## Section H – Payment Options

Please select one of the following payment options (tickbox)

**Cash** (over the counter transaction only) **OR**  **Cheque/Money Order** (payable to RTM)  
**OR**

**Credit card** (complete details below)

I authorise SAFE NT to process my payment of \$  from my Visa/Mastercard.

Cardholders name

Card number

Expiry date  /  /

Cardholders signature

## Section I – Lodging your application form

**Checklist** (tick box)

- Have you completed all sections of this form
- Have you had your identification documents validated by a Qualified person
- Have you attached one photocopy of Photographic ID
- Have you attached a passport sized photograph of yourself (not required if lodging form in person at SAFE NT)
- Have you attached payment or completed the credit card authorization.

### Working With Children Clearance Check application forms can be lodged in person at:

- SAFE NT  
Ground Floor, 77 Smith Street Darwin  
Telephone 1800 723368 / 1800 SAFE NT  
Office Hours 8•30am–4•30pm Monday–Thursday  
9•30am to 5•30pm Friday

- Territory Business Centre Locations

#### **Darwin Office**

Ground Floor Development House  
76 The Esplanade  
Telephone: +61 8 8982 1700  
Facsimile: +61 8 8982 1725  
Toll Free: 1800 193 111

#### **Katherine Office**

Shop 1, Randazzo Building  
18 Katherine Terrace  
Telephone: +61 8 8973 8180  
Facsimile: +61 8 8973 8188

#### **Tennant Creek Office**

Shop 2, Barkly House  
Cnr Davidson and Paterson Streets  
Telephone: +61 8 8962 4411  
Facsimile: +61 8 8962 4413

#### **Alice Springs Office**

Peter Sitzler Building  
67 North Stuart Highway  
Telephone: +61 8 8951 8524  
Facsimile: +61 8 8951 8533

### Or mailed to:

SAFE NT  
GPO Box 39764  
WINNELLIE NT 0821

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