



Telephone: 02 6140 6502
Fax: 1300 549 456
Email: AFP-NationalPoliceChecks@mail2.converga.com.au
Website: www.afp.gov.au
ABN: 17 864 931 143

NATIONAL POLICE CHECK (NPC)
CONSENT FORM

Office Hours: 8am to 5pm, Monday to Friday
except A.C.T. Public Holidays

Type of Check Name Check Only

Last Name

First Given Name

Other Given Name

Gender

Date of Birth

Applicant's Consent

- i. I acknowledge I have read all the instructions on the NPC application website while completing this form and I am aware exclusions from spent convictions legislation may apply to some categories of NPCs.
ii. The personal information I have provided as part of this application (including fingerprints if supplied) relate to me and are correct.
iii. I acknowledge the details contained on this form and the online application form, including fingerprints where relevant, will be forwarded to the AFP, CrimTrac, and/or the Police Services of the States or Territories of the Commonwealth of Australia.
iv. I consent to the AFP and any other Australian police force extracting details of any convictions, findings of guilt or pending court proceedings relating to me, including in relation to any traffic offence, and providing that information to me or to the Person/Organisation receiving the certificate.
v. I acknowledge the information provided on this form will not be used without my prior consent for any other purpose, unless otherwise authorised by law.
vi. I acknowledge that any information provided on this form or disclosed by the police as a result of the records check may be taken into account by any organisation to whom I present the results of the records check in assessing my suitability to receive the entitlement.
vii. I acknowledge that only details provided as part of the online application or on attachments signed by me will be checked and that should I subsequently require further names and/or details to be checked then I will be required to submit a further/new application and payment.
viii. I understand that it is an offence to provide false or misleading information in this application, or omit to provide information that may result in this application being false or misleading.

Applicant's Signature: [Signature Box] Date: [Date Box]

If you are under 18 years of age (as at the date of the application), please provide consent below from a parent/guardian.

Parent/Guardian's Name: [Name Box]

Parent/Guardian's Signature: [Signature Box] Date: [Date Box]

After signing this form, please scan and upload it as part of Step 4 of the online application. If you have closed your browser window or for other reasons cannot return to Step 4, you will be required to start a new application.

NB: scanned files must be in .JPG .PDF or .TIF format