QUEENSLAND POLICE
AUTHORITY AND INDEMNIFICATION

CONSENT TO CHECK NATIONAL POLICE RECORDS AND ADVISE A THIRD PARTY

(Family Name)	MR/MRS/MS/MISS
(Given Names)	

(Former Maiden Name, Married Name/s, or Aliases)

(Residential Address)
POSTCODE
TELEPHONE   PRIVATE ( )   BUSINESS ( )

DATE OF BIRTH	/ /	PLACE OF BIRTH	

PROOF OF IDENTITY

Attach a legible –
photocopy of your current Driver's Licence OR
photocopy of your current passport including photograph and signature OR
photocopies of two other forms of identification bearing your signature

NAME OF THIRD PARTY	

This check is for the purpose of undertaking work with the Third Party that is **PAID**   **UNPAID**

I, ………………………………………………………………………………… whose personal particulars are set out above, authorise the Commissioner of Police or his servants or agents to:

check my name against records that are held by the Queensland Police Service or are available to them nationally from other Australian Police Services, and I further agree to provide my fingerprint impressions if required for checking purposes, and if I do not have a conviction or if I only have a conviction that cannot be disclosed by virtue of the Criminal Law (Rehabilitation of Offenders) Act 1986 (Qld) to advise the above-named third party that I do not have a conviction that can be disclosed. If I have a conviction that can be disclosed, I authorise the disclosure to the above-named third party of the details of that conviction. I clearly understand that any details disclosed to the above-named third party will be considered by them and may affect any application I have made with them for a position of trust or employment, or as the case may be.

I hereby agree not to take or suffer or permit to be taken any legal action whatsoever or howsoever against the Crown in the right of the State of Queensland, the Commissioner of Police or any member or agent of the Queensland Police Service in respect of advice given to a third party or the disclosure or use of information relating in any way to records under the name supplied.

SIGNATURE OF PERSON	

IN THE PRESENCE OF

SIGNATURE OF WITNESS	
PRINTED NAME OF WITNESS	DATE / /