



CRIMINAL RECORD INQUIRY (NON-OFFENDERS)

Corrections Intelligence Group

Please complete with a black or blue pen using CAPITAL LETTERS. Mark appropriate answers with a cross (X) Note: Incomplete applications will not be processed

SECTIONS A AND B - TO BE COMPLETED BY APPLICANT (WITNESS TO SIGN SECTION B)

A. Applicant Details: Family Name		Contact Telephone	
<input type="text"/>		<input type="text"/>	
Given Names			
<input type="text"/>			
Previous/Alias Family Name 1. (if applicable)		Previous/Alias Given Names 1	
<input type="text"/>		<input type="text"/>	
Previous/Alias Family Name 2. (if applicable)		Previous/Alias Given Names 2	
<input type="text"/>		<input type="text"/>	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth	<input type="text"/>
Residential Address			
Street	<input type="text"/>	State	<input type="text"/>
Postcode	<input type="text"/>		
Suburb	<input type="text"/>		
Previous Residential Address			
Street	<input type="text"/>	State	<input type="text"/>
Postcode	<input type="text"/>		
Suburb	<input type="text"/>		
Proof of Identity (please refer to page 2 for acceptable forms of ID)			
Driver's Licence No	<input type="text"/>	Issuing State	<input type="text"/>
Min/Vin	<input type="text"/>		
Alternate ID 1 Type	<input type="text"/>	ID Number	<input type="text"/>
Alternate ID 2 Type	<input type="text"/>	ID Number	<input type="text"/>
Alternate ID 3 Type	<input type="text"/>	ID Number	<input type="text"/>
Have you ever been charged or convicted of any offence (other than a traffic offence) in New South Wales or elsewhere in the last 10 years.			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide details			
<input type="text"/>			

B. Consent and witness signature: In accordance with Clause 1, Information Privacy Principle 11 of the Privacy Act, 1998 (Cth), the Department of Corrective Services is prohibited from disclosing the information contained on this document for a purpose other than that which the information was given, and under the strict understanding that the information, or any part thereof will not be disclosed to a third party.

I certify that I am the applicant herein and that all the details that I have provided herein are true and correct and that I have not omitted any previous names or aliases that I have used in the past and I hereby authorise the New South Wales Department of Corrective Services to carry out inquiries through the New South Wales Police Service Criminal Records Systems regarding the above particulars.

Applicant's Signature	<input type="text"/>	Witness Signature (must be DCS Employee)	<input type="text"/>
Print Name	<input type="text"/>	Witness Name	<input type="text"/>
		Date	<input type="text"/>

SECTIONS C AND D - TO BE COMPLETED BY REQUESTING DCS STAFF MEMBER

C. Purpose of Check:

<input checked="" type="checkbox"/> Authorised Visitor	<input type="checkbox"/> EHS / AA / Cat 5 Visitor	<input type="checkbox"/> Home Detention Co-Resident
<input type="checkbox"/> Program - Employer	<input type="checkbox"/> Program - Supervisor	<input type="checkbox"/> Program - Sponsor

Specify details

Attend a Kairos Closing Ceremony

Offender or Agency Details associated with check

Min	N/A	Surname	N/A
Given Names	N/A		Date of Birth
Agency Name	Kairos Prison Ministry Aust. (Mirinda House, rear Parramatta CC, O'Connell St North Parramatta NSW 2151)		

D. Dissemination General Manager/Manager of Security/District Manager/Branch Manager details

Full Name	<input type="text"/>	Rank/Position	<input type="text"/>	Date	<input type="text"/>
Contact Phone No.	<input type="text"/>	Facsimile No.	<input type="text"/>		
Email Address	<input type="text"/>				

SECTION E - CORRECTIONS INTELLIGENCE GROUP USE ONLY

E. Corrections Intelligence Group Reference No.

Intelligence Check	<input type="checkbox"/> Trace <input type="checkbox"/> No Trace	Signature	<input type="text"/>	Date	<input type="text"/>
COPS Check	<input type="checkbox"/> Trace <input type="checkbox"/> No Trace <input type="checkbox"/> Microfilm	Signature	<input type="text"/>	Date	<input type="text"/>
OIMS Check	<input type="checkbox"/> Trace <input type="checkbox"/> No Trace	Signature	<input type="text"/>	Date	<input type="text"/>

**Completing the Criminal Record Inquiry (non offenders)
Instructions for Applicants and Staff**

Use a blue or black pen only and complete each section in capital letters (BLOCK). Where a selection is required, a **cross (X)** is to be placed in the box next to the selected item.

This form is **not** to be used for **DCS Employees**. This Criminal History Check Form is to be used for:

a) Authorised Visitor	b) EHS/AA/Cat 5 Visitor	c) Home Detention Co-Resident
d) Program Employer	e) Program Supervisor	f) Program Sponsor

Authorised Visitor = Kairos, Chaplain Assistant, Prisoners Aid, Contractor TAFE etc
Program = Pre-release sponsor, Community Service/PDC Employer/Supervisor
Home Detention = Co-Resident

Section A – Applicants Details

Applicants are to provide their full name (including middle name), date of birth, town or city of birth and gender. All previous name or aliases, by which an applicant has been known, including a maiden name, must be disclosed under the “Previous/Alias Family Name and Given Name” section of the form.

Applicants must list (3) types of acceptable identification from the list below. This application will not be processed if required identification is not produced. Identification must be current and must include **at least one** type of photographic identification and identification which contains a signature and date of birth.

Applicants must record the identification type and number (if applicable). Acceptable types of identification are:

Passport Government-issued identity card Citizenship Certificate card Credit card Government-issued licence Photo employee identity card	Drivers licence Birth certificate Issued Proof of Age card Rates Notice Senior Citizen/government concession card	Certificate of Marriage or Change of Name Certificate Student identity card Union/professional membership Medicare/Private health care card Utility account (e.g., electricity, gas, telephone)
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Section B – Consent and witness signature

The consent of the applicant must be obtained before a Criminal History Record Check can be conducted. The applicant’s signature must be witnessed by a DCS employee. The witness is to also verify that the applicant’s identification is current and meets the requirements stated above.

Section C – Purpose of Check

Place a **cross (X)** in the appropriate box which best describes the purpose of the check. Further information in relation to the check can be provided in the **specify detail** space.

If the check is in relation to an EHS/AA/Cat 5 Visitor, Co-resident or a program the details of the offender associated with the check is to be provided.

Section D – Dissemination

The results of a Criminal Record Inquiry can only be given to a General Manager, Manager of Security, District Manager or Branch Manager. Provide the details of the manager to whom the results are to be sent.

The completed application form only is to be faxed to Corrections Intelligence Group on (02) 9748 0624. A copy of the applicant’s identification is not required.