



# NSW Police Force P1017

## Certificate for Self Employed People in Child-Related Employment Please complete this form **ONLINE** using **CAPITAL LETTERS ONLY**



<b>A. APPLICANT DETAILS:</b>			
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"/>	
Previous/Alias Family Name 3 (if applicable)		Previous/Alias Given Names 3	
<input type="text"/>		<input type="text"/>	
Male	Female	Date of Birth	<input type="text" value="d d m m y y y y"/>
Place of Birth (State)		Place of Birth (Town/City)	
<input type="text"/>		<input type="text"/>	
Place of Birth (Country)		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
Current Residential Address			
Street	<input type="text"/>		
Suburb	<input type="text"/>	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous Residential Address			
Street	<input type="text"/>		
Suburb	<input type="text"/>	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>		
Proof of Identity - Three (3) forms of identification must be listed (please refer to CCYP Instructions for Applicants for acceptable forms of ID)			
Driver's Licence No	<input type="text"/>	Issuing State	<input type="text" value="X"/>
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"/>
<b>B. APPLICATION TYPE</b> Initial Certificate    Renewal Certificate    Current Certificate Number: <input type="text"/>			
Certificate for Self Employed People in Child-Related Employment - Select Purpose Below			
<input type="text"/>			
<b>C. CONSENT:</b> 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 give my consent and direction as to disclosure of information in accordance with the terms set out in the Commission for Children and Young Peoples Certificate for Self Employed People in Child-Related Employment Instructions for Applicants.			
Applicant's Signature	<input type="text"/>		Date <input type="text" value="/ / 2 0"/>
<b>D. OFFICIAL USE ONLY (Police Force personnel complete Questions 1-6)</b>			
<input type="checkbox"/> 1. ID Confirmed	2. Date	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Station	<input type="text"/>		4. Staff No. <input type="text"/>
5. Amount Collected \$	<b>80.00</b>	6. Receipt No.	<input type="text"/>
<b>Police Personnel ONLY fax completed forms to E: 54977 or 02 9265 4977</b>			

**For the above:**

1. Confirm the identity of the applicant by sighting three (3) acceptable types of identification as per CCYP Instructions for Applicants (note are same as NCHRC form).
2. Record the date the application was processed.
3. Record the name of the Police Station at which the application was processed.
4. Record the employee number of Police personnel processing the application.
5. Record the general/miscellaneous receipt number issued to the applicant.