

6.6 WORKING WITH CHILDREN BACKGROUND CHECK REQUEST



I certify that (please tick):

- I am a representative of the employer engaging the individual(s) listed below and have the authority to submit their name and details to the certified Approved Screening Agency, with which my organisation is registered, for the Working With Children background check;
- I have completed the form, *Is the position child-related employment?*, for the position(s) listed below and have determined that a background check is required;
- information in relation to the background checking process has been provided to all individuals whose names are submitted;
- all individuals have consented to these checks using the Working With Children Background Check consent form;
- I have verified the identity of all individuals whose names are submitted for background checking as required by the 100 point check. (*The Working With Children Guidelines* provide information on how to accurately identify preferred applicants); and
- this request is made only for preferred applicants to a position that I am seeking to fill.

Name: _____

Signature: _____

Position: _____ Date: _____

All fields must be completed for the check to be processed. Please use block letters.

EMPLOYER DETAILS

Employer name: _____

Employer ID number: _____ ABN: _____

Relevant contact person: _____

Telephone number: _____ Fax number: _____

Contact Email: _____

Number of requests: _____ Total number of pages: _____

This information may be used for monitoring and auditing compliance with procedures and standards for the Working With Children Check in accordance with Section 36(1)(f) of the *Commission for Children and Young People Act 1998*.

NOTE: This form is to be sent to your Approved Screening Agency.

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ATTACHMENT 6 (CONTINUED)

DETAILS OF INDIVIDUALS TO BE CHECKED Please use block letters.



Family name: _____
Given name(s): _____
Previous names/aliases: _____
Date of birth: _____ Gender: (Please tick) Male Female
Place of birth (city, state, country): _____
Identifying document type (e.g. driver's licence/passport): _____
Identifying document number: _____
Address: _____
Suburb/Town: _____ State: _____ Postcode: _____
Contact telephone number: _____ Contact email: _____
Title of position applied for: _____
Short-term employee (i.e. being employed for a period of less than six months): (Please tick) Yes No
Type of position (Please tick):
 Paid employee Religious leader/spiritual official of a religion Foster carer

Family name: _____
Given name(s): _____
Previous names/aliases: _____
Date of birth: _____ Gender: (Please tick) Male Female
Place of birth (city, state, country): _____
Identifying document type (e.g. driver's licence/passport): _____
Identifying document number: _____
Address: _____
Suburb/Town: _____ State: _____ Postcode: _____
Contact telephone number: _____ Contact email: _____
Title of position applied for: _____
Short-term employee (i.e. being employed for a period of less than six months): (Please tick) Yes No
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