

Department of Health National Criminal Screening Check

Students please note that the Department of Health National Criminal Screening check is free provided you can supply a National Police Clearance Certificate not older than 12 months from the date of Issue.

You must attach a *certified* copy of the National Police Clearance Certificate to your application. Document can be certified by a Pharmacist, Police Officer or Post Office worker.

STAFF-IN-CONFIDENCE (when completed)
NATIONAL CRIMINAL HISTORY RECORD CHECK
WA HEALTH
PERSONAL INFORMATION
1st December 2008
CONSENT FORM

In accordance with the endorsed Criminal Record Screening Policy, this Consent Form is applicable to those who require a Criminal Record Screening to work in, or provide services to, the WA Health only. It should not be used for any other purposes e.g. Aged Care/Working with Children Check.

PLEASE COMPLETE IN BLOCK LETTERS AND IN BLACK INK

ALL QUESTIONS MUST BE ANSWERED AND THE CORRECT FEE ATTACHED BEFORE THE REQUEST WILL BE PROCESSED.

_____ Family Name / Surname	_____ Given name(s) (Current)
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University Name:	Faculty / Course:		
Any other names by which you are, or ever have been, known (including changes by Deed Poll):			

Maiden Name(s):			

Surname	Given Name(s)		

Surname	Given Name(s)		
RESIDENTIAL ADDRESSES:			
Current:			
Number	Street Name (NOT PO BOX)		
Town / Suburb	State	Postcode	
Previous:			
Number	Street name (NOT PO BOX)		
Town / Suburb	State	Postcode	
Gender: M / F	Date of Birth: __ / __ / ____	Place of Birth:	

Passport Number (if applicable)	Passport Country		

Driver's Licence Number:	State/Territory		

NAME TO APPEAR ON CLEARANCE CARD (Please print clearly)

FOR SECURITY REASONS THIS FORM MUST BE POSTED. IT WILL NOT BE ACCEPTED IN PERSON.

Your completed Consent Form, together with \$33.00 and 100 point ID (please staple your cheque/money order made payable to the WA Health, to the Consent Form), should be forwarded to:

The Criminal Record Screening Office
WA Health
Locked Bag 60
PERTH BUSINESS CENTRE WA 6849

Fax: 08 9222 2143

Email: CR.Screening@health.wa.gov.au

STAFF-IN-CONFIDENCE (when completed)

**NATIONAL CRIMINAL HISTORY RECORD CHECK
WA HEALTH
CONSENT TO OBTAIN PERSONAL INFORMATION
(COMPLETE EXCLUSION)**

(BLOCK LETTERS and in BLACK INK)

I, _____
hereby:

Family Name (Current)

Given Names (Current)

1. acknowledge that I have read the Spent Convictions Schemes section of the Information sheet and understand that Spent Convictions legislation (however described) in the Commonwealth and many States and Territories protects "spent convictions" from disclosure;
2. understand that the position for which I am being considered is in a category for which a COMPLETE exclusion has been granted from the application of the Spent Convictions legislation and that ALL "spent" convictions and findings of guilt recorded or pending relating to me will be released;
3. have fully completed this Form, and the personal information I have provided in it relates to me, contains my full name and all names previously used by me, and is correct;
4. consent to WA Health disclosing personal information about me from this Form to the CrimTrac Agency and the Australian police services;
5. consent to:
 - (i) the CrimTrac Agency disclosing personal information about me to the Australian police services;
 - (ii) the Australian police services disclosing, from their records, details of convictions and outstanding charges, including findings of guilt or the acceptance of a plea of guilty by a court, that can be disclosed in accordance with the laws of the Commonwealth, States and Territories and, in the absence of any laws governing the disclosure of this information, disclosing in accordance with the policies of the police service concerned; and
 - (iii) the CrimTrac Agency providing the information disclosed by the Australian police services to WA Health in accordance with the laws of the Commonwealth; and
6. acknowledge that any information provided by me on this Form, or by the Australian police services, may be taken into account by WA Health in assessing my suitability for the **(specify position/entitlement)** **for which I am applying.**

Signature _____

Date ____/____/____

Note: The information you provide on this Form, and which the CrimTrac Agency provides to WA Health on receipt of the Form, will be used only for the purpose stated above unless statutory obligations require otherwise.

ACCEPTABLE IDENTIFICATION FOR THE PROVISION OF SERVICES WITHIN WA HEALTH

You must submit photocopies of documentary evidence of Identification to the value of 100 points together with the Criminal Record Screening Consent Form, prior to commencing employment within WA Health. **Where you have changed your name (i.e. through marriage or deed poll) evidence must be produced to support this.**

Only one item from each box is permitted to make up the 100 point total

TYPES OF IDENTIFICATION	POINTS
<ul style="list-style-type: none"> - Birth certificate (original, certified copy or extract) - Current passport/international travel document - Citizenship certificate (original or certified copy) <p>Use only ONE of the above.</p>	70
<ul style="list-style-type: none"> - Driver's licence/permit - Public Service ID card - Social security benefits card - Tertiary student ID card <p><i>Name, signature and photograph where applicable must be supplied.</i></p> <p>Use only ONE of the above.</p>	40
<p>A signed written reference from:</p> <ul style="list-style-type: none"> - A financial body - An acceptable referee <p><i>The reference must confirm a twelve month association with the recommended applicant.</i></p> <p>Use only ONE of the above.</p>	40
Medicare Card	25
<p>Membership card</p> <ul style="list-style-type: none"> - Union or trade/professional bodies 	25
<p>Recent arrival in Australia (less than six weeks)</p> <ul style="list-style-type: none"> - Passport (resident) 	100
<p>Isolated Area Aborigine</p> <ul style="list-style-type: none"> - A written statement of confirmation of identification signed by two acceptable referees. 	100

CHECKLIST

Before you forward this Consent Form to the Criminal Records Screening Unit for processing please initial the boxes provided below to ensure all relevant documentation is attached. An incomplete Consent Form will be returned.

- Consent Form completed and signed
- Photocopies of documentary evidence certified as true copies of the originals by the person who sighted the originals - (Refer to page 6 for those who can verify original documents)
- Correct cheque/money order made payable to WA Health
- Name and contact telephone number of the person certifying the photocopies of the documentary evidence as true copies of the originals

Name (of the person who has sighted the original documentation)

Contact Telephone Number

NATIONAL CRIMINAL HISTORY RECORD CHECK
Some information regarding
WA HEALTH
Criminal Record Screening Policy
1st December 2008

About the policy

WA Health has a 'duty of care' to take all reasonable steps to protect clients from harm and is committed to the prevention of crime against all clients receiving health services from:

- Government agencies;
- Non-government organisations funded by Government;
- Volunteer organisations involved in Government services; and
- Private contractors providing services to Government.

To assist in the protection of clients, the screening of criminal records will apply to all **prospective**:

- Employees (full/part - time, temporary, casual, sessional, contract (includes redeployees));
- Independent contractors (includes all visiting practitioners) and their employees;
- Private agency staff;
- Students on placement (excludes school children on work experience);
- Volunteers; and
- Persons engaged in any other capacity (e.g. Adults on work experience, chaplains, academics);

No person in the above categories will be allowed to work or provide services without a criminal history record check. Previous criminal convictions or pending charges will not necessarily preclude employment or involvement in the provision of services.

Your personal information will be held in the strictest confidence and will not be used by WA Health for any purpose other than to determine your suitability for the provision of services to clients of WA Health. Only the Criminal Record Screening Unit in Perth will hold outcomes of the criminal history record checking process.

Your information will not be disclosed by WA Health except as provided for in the Criminal Records Screening Policy or as required by law (e.g. Freedom of Information Act).

'Serious Conviction'

The definition of a serious conviction under the *Spent Convictions Act 1988* (WA) means a conviction in respect of which the sentence imposed is (a) imprisonment for more than one year or for an indeterminate period; or (b) a fine of \$15,000 or more.

Other than in exceptional circumstances, a person who has been convicted of a serious sexual offence(s) will not be employed or involved in the provision of services to clients.

Other serious offences (e.g. serious offences involving threat or injury to another person and serious drug offences) relevant to the duties of the position may render a person unsuitable for employment and/or provision of services to clients. This will be determined by the Coordinator, Criminal Record Screening in conjunction with other relevant parties.

If a person has been convicted of a serious offence, he or she may be precluded from employment or involvement in the provision of client services within a WA Health site.

There is a prescribed Grievance Resolution Mechanism, which can be found in the Operational Guidelines. This process should be followed if you wish for a decision regarding your criminal record screening to be independently reviewed.

Criminal History Record Check

Criminal history record checks are an integral part of the assessment of your suitability.

Information extracted from this Form will be forwarded to the CrimTrac Agency and other Australian police services¹ for checking action. By signing the Form you are providing your consent to these agencies:

- a) disclosing criminal history information that pertains to you from their own records to WA Health; and/or
- b) accessing their records to obtain criminal history information that in turn will be disclosed to WA Health.

Such criminal history information may include outstanding charges, and criminal convictions/findings of guilt recorded against you that may be disclosed according to the laws of the relevant jurisdiction and, in the absence of any laws governing the release of that information, according to the relevant jurisdiction's information release policy.

It is usual practice for an applicant's personal information to be disclosed to Australian police services for them to use for their respective law enforcement purposes including the investigation of any outstanding criminal offences.

Restrictions on the release of criminal history information

As from 31 May 2005, WA Health was granted exemption to the Spent Convictions Act 1988 (WA) relating to convictions/findings of guilt of ALL Western Australian offences. Therefore, in accordance with that Act, ALL 'spent' convictions/findings of guilt for Western Australian offences will be released.

NO CRIMINAL HISTORY INFORMATION WILL BE FORWARDED TO THE AGENCY

Note:

A Criminal Record Screening Check processed through WA Health can only be used for employment purposes and providing services within WA Health. It must not be used for any other purpose. IT IS NOT A WORKING WITH CHILDREN CHECK OR AN AGED CARE CLEARANCE.

Spent Convictions Schemes

Western Australia

Under the provisions of Section 7(1) of the *Spent Convictions Act 1988* (WA) only 'lesser convictions' can be spent by the WA Police Service, after a time period of 10 years plus any term of imprisonment that may have been imposed. A lesser conviction is one for which imprisonment for 12 months or less, or a fine of less than \$15,000 was imposed.

All other convictions, such as 'serious convictions' applicable under Section 6 of the Act can only be spent by applying to the District Court. At the time of sentencing, the Court may make a 'spent conviction order' under the *Sentencing Act 1995* (WA) that the conviction is a spent conviction for the purposes of the *Spent Convictions Act 1988* (WA).

Schedule 3 Clause 1(7) of the *Spent Convictions Act 1988* (WA) gives WA Health an exemption to access all spent convictions for the purpose of

- employment/secondment by WA Health under the:
 - a) *Health Act 1911*
 - b) *Hospitals and Health Services Act 1927*
 - c) *Mental Health Act 1996*
 - d) *Alcohol and drug Authority Act 1974*; and

¹ Australian Federal Police, New South Wales Police Force, Victoria Police, Queensland Police Service, South Australia Police, Western Australia Police, Tasmania Police, Northern Territory Police Force.

- placement as a student undertaking a practicum or in an unpaid capacity within WA Health.

Other Australian police services

Where a criminal history record with another Australian police service has been obtained, any relevant legislation (and/or release policy) affecting that police service will be applied before that record is released. Under various pieces of Commonwealth, State and Territory legislation a person has the right, in particular circumstances or for a particular purpose, to not disclose certain convictions/findings of guilt over a certain age. Such convictions (widely referred to as 'spent' or 'rehabilitated' convictions) will not be released unless the records check is for the applicant's personal information only and provided that this is in accordance with relevant legislation (and/or release policy). Please contact individual police services directly for further information about their release policies and any legislation that affects them.

Criminal Records Screening Unit

WA Health has an established Criminal Records Screening Office. The officer who works in this area is highly experienced and is bound by strict confidentiality provisions.

The Office will process your Criminal Record Screening Check and forward your name to CrimTrac. The process can take between three (3) and fifteen (15) working days, however some delays can occur.

Consent Form

This Form is used by WA Health as part of the assessment process to determine whether a person is suitable for employment or other engagement for work within WA Health.

Unless statutory obligations require otherwise, the information provided on this Form will not be used without your prior consent for any purpose other than in relation to the assessment of your suitability. You may be required to complete another consent form in the future in relation to employment in other positions within WA Health.

The Criminal Records Screening Office must have a signed Consent Form before a Criminal Record Screening Check is conducted.

Your screening check will be unnecessarily delayed if your writing is illegible or if you have omitted information. Delays mean that you are unable to commence your placement.

Provision of false or misleading information

You are asked to certify that the personal information you have provided on this Form is correct. If it is subsequently discovered, for example as a result of a check of police records, that you have provided false or misleading information, you may be assessed as unsuitable.

You should note that the existence of a record does not mean that you will be assessed automatically as being unsuitable. Each case will be assessed on its merit, so it is in your interests to provide full and frank details in the Form.

Compulsory '100 point' identification check

Documentary evidence of acceptable identification is to be attached and submitted by all persons prior to a Criminal Record Screening Check being undertaken for the employment or the provision of services within WA Health.

In order to undertake a Criminal Record Screening Check, you need someone else to verify that they have sighted the original documentary evidence of identification. This person;

- Must NOT be related to you by birth or marriage;
- Must have known you for at least one year (12 months);
- Must be contactable by telephone during normal working hours;
- Must sight documentary evidence of identification to the value of 100 points;

- Must ensure that photocopies of documentary evidence used are taken and signed off as the original being sighted.

Fee

The fee payable for your Criminal Record Screening Check is \$33.00 (GST inc.) You will receive a receipt issued in the cheque bearer's name.

You will be notified by the agency when you are required to have a repeat check.

If you have undergone an Australian Federal Police (AFP) Check and/or obtained a National Police Certificate (NPC) within the last 12 months and there are no convictions listed that contravene WA Health's Criminal Record Screening policy, the fee will be \$5.50 (GST inc.) provided supporting documents are attached to the Consent Form; i.e. a copy of the AFP clearance or the NPC.

A clearance card will then be issued from the date that screening was completed.

Clearance Card

Once the Criminal Records Screening Office receives the results of your Criminal Record Screening Check, and there is no further action to complete and you are cleared in accordance to WA Health's Criminal Record Screening Policy, a clearance card will be produced for you. This card will be forwarded to the current address provided on the Consent Form, or the relevant Agency.

YOU MUST CARRY THIS CARD WITH YOU AT ALL TIMES WHEN WORKING WITHIN A WA HEALTH SITE AS EVIDENCE THAT YOU HAVE BEEN SCREENED. YOU ARE RESPONSIBLE FOR YOUR CARD. REPLACEMENT CARDS WILL COST \$5.50.

Where to send your completed Consent Form

Your completed Consent Form together with the \$33.00 and 100 point ID or \$5.50 (see above) remittance (please staple your cheque/money order to the Consent Form made payable to WA Health), should be forwarded to:

**The Criminal Records Screening Office
WA Health
Locked Bag 60
PERTH BUSINESS CENTRE WA 6849**

Fax: 08 9222 2143

Email: CR.Screening@health.wa.gov.au

At the completion of the screening process, the Consent Form together with a clearance card and the official receipt of payment will be returned.

FOR SECURITY REASONS YOUR CONSENT FORM AND REMITTANCE WILL NOT BE ACCEPTED PERSONALLY AT WA HEALTH.

THIS IS NOT A WORKING WITH CHILDREN CHECK OR AN AGED CARE CLEARANCE.