



# NATIONAL POLICE CHECK (NPC) APPLICATION FORM

Website: [www.afp.gov.au](http://www.afp.gov.au) Telephone: 02 6140 6502 Fax: 1300 549 456  
 Enquiries: [AFP-NationalPoliceChecks@converga.com.au](mailto:AFP-NationalPoliceChecks@converga.com.au) ABN: 17 864 931 143  
 Office Hours: 8am to 5pm, Monday to Friday (except ACT Public Holidays)

FOR OFFICE USE ONLY	
<input type="checkbox"/> Payment	Ref No: <input type="text"/>
<input type="checkbox"/> Consent	Notes: <div style="border: 1px solid black; height: 60px;"></div>
<input type="checkbox"/> Proof of IDs	
<input type="checkbox"/> Mandatory Details	
<input type="checkbox"/> Fingerprints (attached)	
<input type="checkbox"/> Fingerprints (paid)	

Please complete this form by referring to the Application Completion Guide. If completing manually, use **BLOCK LETTERS** and **black ink**. Mark check boxes with a cross (X).  
**This application form is NOT to be scanned and loaded during the online application process.**

SECTION 1: Type of check required	(this section must be completed - select only one)
<input type="checkbox"/> Name Check Only (Fee: \$42)	<input type="checkbox"/> Name and Fingerprint Check (Fee: \$99 if fingerprints are taken and paid, \$139 if not paid)

SECTION 2: Fingerprints (Optional)	(complete only where fingerprints are required and/or authorised by law)
Please note that a fingerprint check is only required under very limited circumstances. Please ensure that you are actually required to have a fingerprint check conducted before going to the expense of this level of check by checking with the organisation/department requesting the check. <b>Note:</b> Fingerprints can be taken by your local police jurisdiction or the AFP. Where fingerprints are taken by the AFP and the AFP charges for this service a receipt must be obtained and supplied to Criminal Records with this application.	
Date Taken: <input type="text"/>	(DD MM YYYY)
Police Station: <input type="text"/>	Officer's Name & No: <input type="text"/>

SECTION 3: Details of Applicant	(this section must be completed)
Family Name / Surname :	<input type="text"/>
First Name / Given Name:	<input type="text"/>
Other Given Names:	<input type="text"/>
Date of Birth:	<input type="text"/> (DD MM YYYY)
<b>Were you born in Australia?</b>	
<input type="checkbox"/> Yes ▶ Suburb / Town of Birth:	<input type="text"/> State: <input type="text"/>
<input type="checkbox"/> No ▶ Country of Birth:	<input type="text"/>
Daytime Contact Number:	<input type="text"/>
Email Address (optional):	<input type="text"/>
Australian Driver's Licence No:	<input type="text"/> Issuing State: <input type="text"/>

SECTION 4: Other names you have used	(including former, maiden name/s etc)
<input type="checkbox"/> Former Name <input type="checkbox"/> Also known as	Date of Birth: <input type="text"/> (DD MM YYYY)
Family Name / Surname :	<input type="text"/>
First Name / Given Name:	<input type="text"/>
Other Given Names:	<input type="text"/>
<hr/>	
<input type="checkbox"/> Former Name <input type="checkbox"/> Also known as	Date of Birth: <input type="text"/> (DD MM YYYY)
Family Name / Surname :	<input type="text"/>
First Name / Given Name:	<input type="text"/>
Other Given Names:	<input type="text"/>

**SECTION 5: Current & Previous Residential Addresses**

(this section must be completed)

**Current Residential Address** (must not be a PO Box or Business Address)

Unit No / Street No /  
Street Name:

Suburb / Town / Locality:

Postcode:  State:

Country:

Date you started living at this address:     (DD MM YYYY)

In the event you have not resided in your current location for 10 years or greater, please provide details of your previous residential addresses.

**Previous Residential Address** (must not be a PO Box or Business Address) - **Note:** To record additional addresses please use Attachment C.

Unit No / Street No /  
Street Name:

Suburb / Town / Locality:

Postcode:  State:

Country:

Date you started living at this address:     (DD MM YYYY)

**SECTION 6: Mailing Address for Police Certificate**

This can be a PO Box or Business Address. **Note: If not completed**, the certificate will be sent to the applicant at the Current Residential Address specified in Section 5.

(optional) I authorise the Police Certificate to be forwarded to the following person/organisation

Attn. To / Organisation:

Unit No / Street No /  
Street Name:

Suburb / Town / Locality:

Postcode:  State:

Country:

**SECTION 7: Payment Details**

(this section must be completed)

Credit Card/Debit Card (please complete card details below)  Bank Cheque  Money Order

Cardholder's Name:

Credit Card Number:

MasterCard Debit Card (Surcharge: 0.242%)  MasterCard Credit Card (0.539%)  Visa Debit Card (0.506%)  Visa Credit Card (1.023%)  Amex (1.595%)

Expiry Date:   (MM YY) CVC Number:  The CVC Number is a 3 digit number on the back of your VISA® and MasterCard®, or a 4 digit number on the front of your American Express® credit card

I authorise the AFP or their agent to process the relevant application amount from the above credit card account.

NB: The amount to be deducted is as per the selected fee specified on Page 1 (Section 1) of this form, plus a surcharge where payment is by Credit Card.

**FOR OFFICE USE ONLY**

Payment Confirmation No:

Processed Amount: (AUD)   Card Declined

**SECTION 8: Purpose of Check**

(Choose one purpose only from the following list)

If the purpose for your NPC is not listed or you are unsure please call the National Police Check Help Desk on 02 6140 6502 between 8am and 5pm (Australian EST).

<b>Code Number</b>	<b>ACT Purpose / Employment</b> <i>Please note that the NPC purposes in this section are ONLY for applicants living or working in the Australian Capital Territory (ACT). If you live outside the ACT and you require a pre-employment/standard disclosure National Police Check, you should contact your local Police service.</i>	<b>Offences recorded in the ACT that will be released (Spent Convictions Act 2000)</b>
<input type="checkbox"/> 08	Hospital Employment - in the ACT	All ACT offences. Other State/Territory offences as legislation permits
<input type="checkbox"/> 09	Security Licence (Security Guard) - in the ACT	All ACT offences. Other State/Territory offences as legislation permits
<input type="checkbox"/> 10	Aged Care Provider/Worker - in the ACT	All ACT offences. Other State/Territory offences as legislation permits
<input type="checkbox"/> 11	Brothel or Escort Agency Owner/Operator/Interested Party - in the ACT	All ACT offences. Other State/Territory offences as legislation permits
<input type="checkbox"/> 12	Child Care Provider/Worker - in the ACT	All ACT offences. Other State/Territory offences as legislation permits
<input type="checkbox"/> 13	Disabled Care Provider/Worker - in the ACT	All ACT offences. Other State/Territory offences as legislation permits
<input type="checkbox"/> 15	Fire Fighting/Prevention - in the ACT	Unspent offences and offences of Arson or Attempted Arson
<input type="checkbox"/> 16	Firearms Licence/Permit - in the ACT	All ACT offences. Other State/Territory offences as legislation permits
<input type="checkbox"/> 17	Interactive Gambling Licence/Casino Employee - in the ACT	All ACT offences. Other State/Territory offences as legislation permits
<input type="checkbox"/> 18	Prison Officer - in the ACT	All ACT offences. Other State/Territory offences as legislation permits
<input type="checkbox"/> 19	Child/Aged/Disabled Care Provider/Worker - in the ACT	All ACT offences. Other State/Territory offences as legislation permits
<input type="checkbox"/> 20	Working in a School - in the ACT	All ACT offences. Other State/Territory offences as legislation permits
<input type="checkbox"/> 21	Teacher/Teacher's Aide - in the ACT	All ACT offences. Other State/Territory offences as legislation permits
<input type="checkbox"/> 30	Pre-Employment/Standard Disclosure - in the ACT	Unspent offences

<b>Code Number</b>	<b>Commonwealth Employment / Purpose</b>	<b>Offences recorded in the Commonwealth that will be released (Part VIIC Crimes Act 1914)</b>
<input type="checkbox"/> 22	Aged Care Staff/Volunteers	Unspent offences and offences against the person where State/Territory legislation permits
<input type="checkbox"/> 23	Aged Care Key Personnel	Unspent offences
<input type="checkbox"/> 25	Australian Securities and Investments Commission Consumer Credit/Financial Services Licensing Requirements	Unspent offences
<input type="checkbox"/> 27	Care of Intellectually Disabled Persons	Unspent offences and offences against the person where State/Territory legislation permits
<input type="checkbox"/> 28	Care, Instruction or Supervision of Children	Unspent offences as well as any (i) sexual offence, (ii) other offence against the person if the victim of the offence was under 18 at the time the offence was committed where State/Territory legislation permits
<input type="checkbox"/> 29	Civil Aviation Safety Authority ASSC	Unspent offences
<input type="checkbox"/> 32	Immigration Detention Centre Employment	Unspent offences and offences involving violence where State/Territory legislation permits
<input type="checkbox"/> 33	Immigration/Citizenship – for Supply to the Department of Home Affairs	All Commonwealth offences. Other State/Territory offences as legislation permits
<input type="checkbox"/> 35	Overseas Visa - Supply to a Country Other than Australia	All Commonwealth offences. Other State/Territory offences as legislation permits
<input type="checkbox"/> 36	Superannuation Trustee/Custodian/Investment Manager or Responsible Officer of a Body Corporate that is a Trustee, Investment Manager or Custodian of a Superannuation Entity	Unspent offences and offences in respect of dishonest conduct where State/Territory legislation permits
<input type="checkbox"/> 37	Care, Instruction or Supervision of Children/Care of Disabled Persons/ Aged Care Staff/Volunteers	Unspent offences as well as any (i) sexual offence, (ii) other offence against the person if the victim of the offence was under 18 at the time the offence was committed, (iii) offences against the person where State/Territory legislation permits
<input type="checkbox"/> 40	Other Commonwealth Purpose ONLY <i>** If you need a NPC for other than a Commonwealth related purpose, (eg working for a Commonwealth Department or Agency) you must contact your local Police.</i>	Unspent offences
<input type="checkbox"/> 41	Overseas Employment - General Employment	All Commonwealth offences. Other State/Territory offences as legislation permits
<input type="checkbox"/> 42	Overseas Employment - Aged/Disabled Care	All Commonwealth offences. Other State/Territory offences as legislation permits
<input type="checkbox"/> 43	Overseas Employment - Teaching	All Commonwealth offences. Other State/Territory offences as legislation permits
<input type="checkbox"/> 44	Overseas Employment - Working with Children	All Commonwealth offences. Other State/Territory offences as legislation permits
<input type="checkbox"/> 45	Overseas Employment - Nursing, Hospital Employment	All Commonwealth offences. Other State/Territory offences as legislation permits

**SECTION 9: Applicant's Consent**

(this section must be completed)

- i. I acknowledge I have read all the instructions while completing this application and I am aware exclusions from spent convictions legislation may apply to some categories of NPCs.
- ii. The personal information I have provided in this application (including fingerprints if supplied) and all the attachments (if any) relate to me and are correct.
- iii. I acknowledge the details contained in this application, including fingerprints where relevant, will be forwarded to the AFP, the Australian Criminal Intelligence Commission, and/or the Police Services of the States or Territories of the Commonwealth of Australia.
- iv. I consent to the AFP and any other Australian police force extracting details of any convictions, findings of guilt or pending court proceedings relating to me, including in relation to any traffic offence, and providing that information to me or to the Employer/Organisation named in Section 6.
- v. I acknowledge the information provided in this application will not be used without my prior consent for any other purpose, unless otherwise authorised by law.
- vi. I acknowledge that any information provided in this application or disclosed by the police as a result of the records check may be taken into account by any organisation to whom I present the results of the records check in assessing my suitability to receive the entitlement.
- vii. I acknowledge that only details contained in this application or on attachments signed by me will be checked and that should I subsequently require further names and/or details to be checked then I will be required to submit a new application and payment.
- viii. I understand that it is an offence to provide false or misleading information in this application, or omit to provide information that may result in this application being false or misleading.

**Applicant's Signature:**

**Date:**

If you are under 18 years of age (as at the date of the application), please provide consent below from a parent/guardian.

**Parent/Guardian's Name:**

**Parent/Guardian's Signature:**

**Date:**

**Attachment A: Proof of Identity**

(this section must be completed)

A minimum of 100 points of identification has to be provided with the application. Please ensure that only photocopies of the original documents are attached.

**Note:** Documents do not need to be certified unless a translation is being provided or you are supplying a power of attorney

Tick if included	<b>You must supply at least ONE Primary document</b> Foreign documents must be accompanied by an official translation	<b>Required on document</b> N = Name, P = photo A = Address, S = Signature	<b>Points Worth</b>	<b>Points gained</b> (applicant to fill)
<b>Primary Documents</b>				
<input type="checkbox"/>	Foreign Passport (current)	N – P	70	
<input type="checkbox"/>	Australian Passport (current or expired last 2 years but not cancelled)	N – P	70	
<input type="checkbox"/>	Australian Citizenship Certificate	N	70	
<input type="checkbox"/>	Full Birth certificate (not extract)	N	70	
<input type="checkbox"/>	Certificate of Identity issued by the Australian Government to refugees and non Australian citizens for entry to Australia	N	70	
<input type="checkbox"/>	Australian Driver License/Learner's Permit	N – A – P	40	
<input type="checkbox"/>	Current (Australian) Tertiary Student Identification Card	N – P	40	
<input type="checkbox"/>	Photo identification card issued for Australian regulatory purposes (e.g. Aviation/Maritime Security identification, security industry etc.)	N – P	40	
<input type="checkbox"/>	Government employee ID (Australian Federal/State/Territory)	N – P	40	
<input type="checkbox"/>	Defense Force Identity Card (w/ photo or signature)	N – P	40	
<b>Secondary Documents</b>				
<input type="checkbox"/>	Department of Veterans Affairs (DVA) card	N – A	40	
<input type="checkbox"/>	Centrelink card (with reference number)	N – A	40	
<input type="checkbox"/>	Birth Certificate Extract	N	25	
<input type="checkbox"/>	Birth card (NSW BDM only)	N	25	
<input type="checkbox"/>	Medicare card	N	25	
<input type="checkbox"/>	Credit card or account card	N	25	
<input type="checkbox"/>	Australian Marriage certificate (Registry issue only)	N – S	25	
<input type="checkbox"/>	Decree Nisi / Decree Absolute (Registry issue only)	N – S	25	
<input type="checkbox"/>	Change of name certificate (Registry issue only)	N – S	25	
<input type="checkbox"/>	Bank statement	N – A	25	
<input type="checkbox"/>	Property lease agreement - current address	N – A	25	
<input type="checkbox"/>	Taxation assessment notice	N – A	25	
<input type="checkbox"/>	Australian Mortgage Documents	N – A	25	
<input type="checkbox"/>	Rating Authority - eg Land Rates	N – A	25	
<input type="checkbox"/>	Utility Bill - electricity, gas, telephone (less than 12 months old)	N – A	20	
<input type="checkbox"/>	Reference from Indigenous Organisation	N – P	20	
<input type="checkbox"/>	Documents issued outside Australia (equivalent to Australian documents). Must have official translation attached	N – P	20	
<b>Total points provided (minimum 100) with this application :</b>				

## Submission Checklist

Prior to submitting your application, please complete the checklist below to ensure your request can be processed in a timely manner. **Failure to complete or supply any part of the application may result in it being returned prior to processing.**

- All required details in Sections 1 to 9 are complete.
- I can be reached during business hours on the phone number I have provided in section 3.
- I have attached photocopies of my identification, for documents selected in attachment A above.
- I have provided my credit card details for electronic payment or I will attach a cheque or money order payable to the AFP for the current fee.
- (optional) If a fingerprint check is required, I have provided my fingerprints and if relevant, a copy of the receipt for payment.

Once all the above steps have been completed, attach your photocopied identification documents and payment to the application form and post to:

**Australian Federal Police  
Criminal Records  
Locked Bag 8550  
CANBERRA CITY ACT 2601**

**Attachment B: Other names you have used**

(use only if required)

Former Name     Also known as                      Date of Birth:     (DD MM YYYY)

Family Name / Surname :

First Name / Given Name:

Other Given Names:

Former Name     Also known as                      Date of Birth:     (DD MM YYYY)

Family Name / Surname :

First Name / Given Name:

Other Given Names:

Former Name     Also known as                      Date of Birth:     (DD MM YYYY)

Family Name / Surname :

First Name / Given Name:

Other Given Names:

**Attachment C: Previous Residential Address**

(use only if required - must not be a PO Box or Business Address)

Unit No / Street No /  
Street Name:

Suburb / Town / Locality:

Postcode:                       State:

Country:

Date you started living at this address:     (DD MM YYYY)

Unit No / Street No /  
Street Name:

Suburb / Town / Locality:

Postcode:                       State:

Country:

Date you started living at this address:     (DD MM YYYY)

Unit No / Street No /  
Street Name:

Suburb / Town / Locality:

Postcode:                       State:

Country:

Date you started living at this address:     (DD MM YYYY)