

VERIFICATION OF APPLICANT IDENTITY BY AN AUTHORISED REFEREE

This form is for applicants who have not met the minimum identity proofing requirements outlined in the *Nationally coordinated criminal history check – Application and informed consent form*.

In order to meet the requirements for a nationally coordinated criminal history check, an authorised referee must provide a reference to confirm your identity. The definition of authorised referee is outlined in Section 3.

Privacy and your personal information

Your personal information is protected, including by the *Privacy Act 1988* (Cth). This includes all personal information collected and used by the Australian Criminal Intelligence Commission (ACIC), the ACIC accredited body (named below) and the accredited body's legal entity customer (if applicable and named below) to verify your identity for a nationally coordinated criminal history check.

You can get more information about how the ACIC handles your personal information on www.acic.gov.au. You can also contact the accredited body or its legal entity customer for more information on how your personal information is handled. Their contact details are in section 1.

1. Accredited body details

This section must be completed by the accredited body or its legal entity customer.

Accredited body

Phone number

Email address

Legal entity customer (if applicable)

Phone number

Email address

2. Applicant's personal details

This section must be completed and then signed by the applicant in the presence of the authorised referee. However, if the applicant is in a remote location and is unable to sign in the presence of the authorised referee, the accredited body or legal entity customer should complete this section and provide to the authorised referee, in accordance with instructions from the applicant.

Family name

First given name(s)

Other given name(s)

Other names you have used or been known by. Please include name at birth, nickname, maiden name, previous married name, Aboriginal or tribal name, aliases etc).

Date of birth

 / /

Place of birth

Current residential address

Street address	
<input type="text"/>	
Suburb/town	
<input type="text"/>	
State/territory	Postcode
<input type="text"/>	<input type="text"/>
Country	
<input type="text"/>	

Signature of applicant (to be signed in the presence of the authorised referee)

Date

 / /

3. Definition of an authorised referee

Authorised referees include:

- Chief Executive Officers, secretaries or chairpersons of incorporated Aboriginal and Torres Strait Islander peoples' organisations, including land councils, community councils, housing organisations councils, community councils and housing organisations
- community development program providers
- people recognised by members of the community to be a community elder
- school principals
- school counsellors
- ministers of religion
- treating health professionals and Aboriginal Medical Services managers
- people listed in Schedule 2 of the *Statutory Declaration Act 1993* (Cth).

4. Authorised referee reference

This reference must be completed by the authorised referee.

I,
Full name

can confirm:

- ☐ the applicant has signed this document in my presence,
or
- ☐ the applicant currently lives km/hours away
and I have identified them as the person named in Section 1
through my personal knowledge of their circumstances;
-
- ☐ I am an authorised referee;
-
- ☐ as far as I am aware, all the names the applicant has been
known by have been listed in section 1;
-
- ☐ I have known the applicant for years:
professionally ☐ personally ☐
-
- ☐ the applicant's information from:
- | | |
|---|--|
| personal knowledge <input type="checkbox"/> | church records <input type="checkbox"/> |
| organisation records <input type="checkbox"/> | medical records <input type="checkbox"/> |
| council records <input type="checkbox"/> | other* <input type="checkbox"/> |
| school records <input type="checkbox"/> | |

*If other, provide details below:

5. Authorised referee details

Full name

Title or official position

Name of organisation or department

Australian Business Number (ABN) (if applicable)

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Phone number

*I understand that withholding, providing misleading or false details
is a Commonwealth offence which may lead to prosecution in
accordance with the Criminal Code Act 1995 (Cth).*

Signature of referee

Date

 / /

Seal/stamp (if applicable)