

NATIONALLY COORDINATED CRIMINAL HISTORY CHECK

Electoral Commission of South Australia



This form is only for use in:

- the South Australian First Nations Voice Election, or
- the Anangu Pitjantjatjara Yankunytjatjara (APY) Executive Board Elections

Please print clearly in BLOCK letters with black or blue ink. *Denotes Mandatory Field																																
CURRENT NAME*																																
Surname/Family Name																																
Firs	First Given Name(s)																															
Oth	er (Give	n N	ame	(s)																											
PREVIOUS/OTHER NAME(S)* (Note: if you have more than one previous name or alias, please attach an additional page)																																
Name Type:																																
Surname/Family Name																																
Firs	t G	iven	Na	me(s	s)																											
Oth	Other Given Name(s)																															
BIRTH DETAILS*																																
Date of Birth: (DD/MM/YYYY) Gender: Male Female Intersex																																
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Ш	Candidate for election for the Local First Nations Voice South Australia Candidate for election to the APY Executive Board																															

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CONTACT DETAILS*													
Mobile Telephone Work Telephone Home Telephone													
Email Address													
DRIVERS LICENCE/PROOF OF AGE CARD													
Drivers Licence/Proof of Age Card No. State or Country													
NATIONAL POLICE CHECK DETAILS*													
Are you working or volunteering with children? No													
Will you have contact with Vulnerable Groups? Yes, I will have contact with vulnerable groups.													
Are you applying for a visa? No													
Check type? Individual (I)													
CONSENT*													
 I certify that the applicant details I have provided on this form are true and correct. I hereby consent to the release of full details of any person history and any other relevant information including pending charges or outstanding warrants that any Australian State / Federal / Territory Police or Law Enforcement Agency may have in its possession with reference to me. I understand this may include any spent convictions if there is an applicable exclusion under Schedule 1 of the Spent Convictions Act 2009 or any interstate or federal spent or rehabilitated convictions (however described) under legislation of that State / Territory / Federal jurisdiction. I discharge and agree to indemnify and hold harmless the State of South Australia, each of the Australian States / Federal / Territory Police or Law Enforcement Agencies and their employees, servants and agents from and against all claims, demands, actions, law suits, proceedings, costs and damages whatsoever arising out of, or in any way connected with, the release or use of the information. I grant permission for the Returning Officer of this election (at the Electoral Commission of South Australia) to receive a copy of my Nationally Coordinated Criminal History Check. Applicant Signature: Date://													
PROOF OF IDENTITY (1 Primary and 1 Secondary is required													
PROOF OF IDENTITY (1 Primary and 1 Secondary is required) The applicant is required to present original ID documents for certification. This can be done by either: A photocopy of the documents being cited and certified and stapled to this application form, or A photo/scan of the documents being sent via email to the returning officer with this form													
PRIMARY - CATEGORY A SECONDARY - C	CATEGORY B OTHER												
Passport (current or expired within 2 Medicare Ca years but not cancelled)	vouching for candidates.												
Birth Certificate (not Extract) Centrelink co	ncession (signed by approved senior community												
☐ Citizenship Certificate ☐ Marriage Ce	senior community												
☐ Drivers Licence (Note: an image of both front and back must be provided) ☐ Bank/Credit/Debit													
Proof of Age Card													
ADMINISTRATIVE USE (please tick)													
☐ Returning Officer ☐ LFNV Electoral Official ☐ APY Electoral Official													
I have witnessed the applicant's signature (and certified) and am satisfied as to the correctness of the applicant's identity as per the attached certified identification documentation.													
Name: Signature:	Date: / /												

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