

VP Form 820B (Revised 16/08/2011)
Website: www.police.vic.gov.au

Telephone:



1300 881 596

Application Form

MELBOURNE VIC 3001

Consent to Check and Release National Police Record

Forward the completed application, certified identity documents and payment to:

Public Enquiry Service

Victoria Police

GPO Box 919

Section A: Type of check required (This section must be completed)									
National name check OR X National name check and fingerprint records search									
Victoria Police Use Only: Victoria Police member to complete									
Fingerprints: Ink									
Section B: Details of Applicant (This section must be completed)									
Family name/surname									
A B D U L A Z I Z									
First given name									
M O H S I N A B D U L A Z I Z									
Other given names									
Male Female Daytime contact phone number/mobile Date of birth (DD MM YYYY)									
0 4 1 1 0 4 9 8 8 0 1 7 1 2 1 9 9 6									
Were you born in Australia? Suburb/town of birth State									
Yes ▶ Please record your suburb/town of birth									
Country of birth									
No ▶ Please record your country of birth P A K									
Other names you have used (including former, maiden name/s etc) If you are known or have been known by any other names, please list them below, indicating if they are a former or also known as name.									
Former name Also known as Family name/surname									
OR OR									
First given name									
Other given names									
Former name Also known as Family name/surname									
OR									
First given name									
Other given names									
If you require an attachment to record additional previous names please cross this box. (Add Section H : Attachment - 1)									

Section C: Current, postal and previous residential address/es (This section must be completed)								
Enter your current residential address in the space provided. Enter your postal address ONLY if it differs from your current residential address. Your certificate will only be delivered to your current residential or postal address. Provide details of previous residential addresses for the last five years only.								
CURRENT RESIDENTIAL ADDRESS (must not be a PO Box or a business address)								
Unit number/street number/street name (with a gap between numbers and words)								
6 9 S A I N T C L E M S R O A D								
Suburb/town/locality State Postcode								
D O N C A S T E R E A S T V I C 3 1 0 9								
DONCASILA LASI								
DI EASE NOTE: If you complete this section your cortificate will be mailed to this address.								
PLEASE NOTE: If you complete this section your certificate will be mailed to this address								
POSTAL ADDRESS (complete only if different to current residential address)								
Unit number/street number/street name/PO Box (with a gap between numbers and words)								
Suburb/town/locality State Postcode								
PREVIOUS RESIDENTIAL ADDRESS/ES FOR THE LAST FIVE YEARS - please begin with the most recent								
Unit number/street number/street name (with a gap between numbers and words)								
Suburb/town/locality State Postcode								
Unit number/street number/street name (with a gap between numbers and words)								
Suburb/town/locality State Postcode								
If you require an attachment to record additional previous addresses please cross this box. (Add Section H: Attachment - 1)								
Section D: Payment Provider (This section must be completed) Copies of the certificate will NOT be provided to employer/organisation.								
Is this certificate being paid for by an employer/organisation or for Victoria Police purposes? Yes (refer below) No (go to provide the policy of the poli								
Note: Results of 'Working with Police' checks will be released to the Victoria Police representative nominated in this section.								
If you answered Yes, this section must be completed and signed by the employer/organisation's representative or by a Victoria Police								
representative if check is for Working with Police.								
Name of Employer/organisation's representative Title of representative (e.g. Manager, Co-ordinator)								
That of Employer organisation a representative								
Employer/organization								
Employer/organisation								
Unit number/street number/street name/PO Box (with a gap between numbers and words)								
Suburb/town/locality State Postcode								
Daytime contact phone number/mobile								
To ensure the protection of privacy and the provision of natural justice, I authorise Victoria Police to deliver the certificate only to the applicant's residentia								
or nominated postal address								
Signature of employer/organisation's representative								
Please sign within								
Please sign within the box and use								

Section E: Purpose of check (This section must be completed)									
Complete only ONE of the following three options. Different certificates are issued according to the type of check. If you require more than									
one certificate for different purposes, you need to apply and pay for separate certificates.									
OPTION 1 - Employment, occupational licensing, visa or insurance purposes (cross only one box)									
	Contact with children		Adult aged/disabled care	Contact with prisoners	Prison/Corrections Officer				
	Casino or gaming licence		Working with Police	Insurance investigation					
	Application for an overseas visa		Healthcare (please specify) →	Emergency Services (plea	ase specify) 🔻 X Other (please specify) 🔻				
		S	E C U R I T Y	L I C E N S E					
OPTION 2	- Volunteer/authorised studen	t pla	cement/Fami l y Day Care resident	(cross only one box)					
	Contact with children		Adult aged/disabled care	Volunteer - Conta	ct with prisoners				
	Volunteer - Gaming		Healthcare (please specify) ▼	Volunteer - Emerç	gency Services (please specify)				
	Other (please specify type of								
	volunteer/student placement)	Nan	ne of care provider						
	Family Day Care resident								
	(18 years or over)		ccordance with the Working with Childre		providers must be registered with the				
_	ommunity Voluntoer Fee (CVF		artment of Justice Working with Childre cails including CVF number MUST		ny Ontion 2 colortion				
		•	student /Family Day Care resider		ly Option 2 selection.				
Т	his section is to be completed by	organ	isations that have applied for and hav	e a CVF (Community Vo <mark>l</mark> unt	eer Fee) number. This section can ONLY				
			h an organisation. The reduced paym s form is a student, a prospective volu	·	·				
	• •		t will receive no payment for his/her s	•	y Care resident authorised by the				
	ame of organisation		' '						
N	ame of organisation's represent	ative		Daytin	me contact phone number/mobile				
S	ignature								
			Date signe	d	CVF number				
					/				
OPTION 3	- Personal Use (not for release								
					rated for Personal Use does not include ner parties. Please refer to Section E,				
	Option 3 of the Instructions		i for employment purposes and sinc	ulu NOT be released to our	rei parties. Flease reier to Section E,				
Section F	: Certification, authorisa	tion	and statement of consent a	and indemnity (This see	ction must be completed)				
				<u> </u>	ve not omitted names or aliases that I have				
or may have	e used previously. I have read and	d und	erstood the contents of this form. I co	nsent to a check of the recor	ds of Victoria Police and other Australian				
•	` · ·		•		any convictions, findings of guilt, either with				
	and the control of th				recorded against my name. If applicable, I hich is kept by the Roads Corporation.				
					name, I hereby indemnify the State of				
					es of action, costs, claims and demands				
		_	t it or them by any body or person by gainst my name or purporting to eithe		he release of any details of any findings of				
guitt, convic	and other information record	icu a		ure of applicant (In the pre	sence of the certifier)				
·-	sence of the certifier please si	_	ithin the box	(i a pro					
using BLACK INK. Certifier must then complete 'Certifier Use Only' in Section G									
OGG OTHY	5000011 5		Name	of applicant					
					B D U L A Z I Z				
			Date s						
			2 310 0						

Section G: Proof of Identity (This section must be completed)

Proof of Identity Documentation

Applicants must supply a minimum of two (2) types of identification from the list below with a minimum total of 100 points. Identification must include at least one type of photo ID (Category A) plus **identification that contains the applicant's current residential address, signature and date of birth.** A minimum of one Category A photo ID and completion of Category D is required for applicants under 15 years of age.

(All identity documents with at least one containing your current residential address must be certified)

Category A - You must have at least ONE Category A doc	ume		Poi	nts	Category A List Number (1-5)					
1. Current passport (Australian/Foreign)	X	70 ▶	7	0	Card/Document - ID Number					
2. Driver licence/Learner's permit/Boat licence		40 ▶			K A 1 0 7 6 5 0 1					
3. Firearms/Private security licence		40 ▶			State of issue Expiry date (DD MM YYYY)					
4. Current tertiary student identification card (with photo)		40 ▶			O T H 1 6 0 8 2 0 2 7					
5. WWC Check card/Key pass/Proof of age card		40 ▶			Country of issue					
Certified current passport size photo (only required if the applicant		40 ▶			P A K					
does not possess any other category A identification. If a passport photo iden	ntificat	ion is prov	vided,	a select	ion from the category B list is mandatory for applicants 15 years of age and ove					
Category B										
Australian citizenship certificate		70 ▶			Category B List Number (1-7)					
Birth certificate (not extract)		70 ▶			Card/Document - ID Number					
3. Birth card		70 ▶								
4. Australian travel documents or current Australian Visa		70 ▶			State of issue					
5. Department of Veterans Affairs (DVA) card		40 ▶								
6. Centrelink card (with reference number)		40 ▶			Country of issue					
7. Government employee ID		40 ▶								
Category C					Category D (under 15 years of age)					
Medicare card		25 ▶			Parent/guardian consent					
Credit card or account card	X		2	5	Catamany A identification MUST be attached					
Marriage certificate (registry issue only)		25 ▶			Category A identification MUST be attached					
Change of name certificate (registry issue only)		25 ▶			I hereby consent to a national police record check on the applicant listed on this form and I acknowledge that I am the					
Bank statement (with residential address)	X	25 ▶	2	5						
Motor vehicle registration or insurance papers		25 ▶			parent/guardian of the applicant.					
Property rates notice/utilities notice		25 ▶			Signature of parent/guardian					
Property lease agreement		25 ▶								
Home insurance papers		25 ▶			Name of parent/guardian					
Taxation assessment notice		25 ▶			Tall of partingual and					
Records of primary, secondary or tertiary education		25 ▶								
Records from a current or previous employer		25 ▶			Daytime contact phone number/mobile					
		25 ▶			Daytimo contact priorie number/mobile					
Records of a professional or trade association										

Certifier Use Only: Certification of Proof of Identity - To be completed by certifier when sighting documents

Persons authorised to certify documentation are required, in the presence of the applicant, to witness the applicant's signature and sight original documentation and verify that the photo identification is a true likeness of the applicant. They must sign and date each photocopy of original documents and complete this section.

I certify that the attached photographic identification is a true likeness of the applicant and that the proof of identification documentation selected above, submitted with this application and signed and dated by me are true copies of the originals, such originals having been sighted by me.

Title (eg Mr, Mrs, etc) Name										
Title/Position (eg chemist, teacher etc) Daytime contact phone number/mobile										
Provider/Registered Number	Date signed	Signature								
	D D M M Y Y Y	of certifier								