

Australian Federal Police 2020 Universities Hackathon Registration Process

Instructions

Step 1: Submission Team Registration form

- Each <u>team</u> must submit one completed Registration Form which indicates the members in the team.
- The completed form should be emailed to <u>innovation@police.gov.au</u> no later than 2nd April 2020.

Step 2: Submission of security vetting documents

- In order to participate in the AFP 2020 Universities Hackathon, individuals need to undergo security vetting which includes the National Police Check and an internal security check.
- Each <u>team member</u> must submit the completed security vetting forms along with appropriate ID documents. The completed form and identity documents should be emailed to <u>innovation@police.gov.au</u> no later than **2**nd **April 2020**.

Step 3: Submission of the idea concept

- Each <u>team</u> must submit a summary of their idea. This summary will be used for selection purposes.
- Teams are permitted to send supporting material with their registration form and may send these along with their form.
- The completed form should be emailed to <u>innovation@police.gov.au</u> no later than 16th April 2020.
- AFP will review each application and inform universities of selected participants by 20th April 2020 if they have been selected to present to the AFP 2020 Universities Hackathon on 6 May 2020.

If you have any questions about the security process or submissions, please email innovation@police.gov.au



Course:

Australian Federal Police 2020 Universities Hackathon Team Registration Form

| Please complete this registration form: | | | | | | | |
|---|------------|------------|--|--|--|--|--|
| University: | Team Name: | Team Name: | | | | | |
| Team Members: | | | | | | | |
| Full Name: | Full Name: | | | | | | |
| Phone: | Phone: | | | | | | |
| Email: | Email: | | | | | | |
| Course: | Course: | | | | | | |
| Full Name: | Full Name: | | | | | | |
| Phone: | Phone: | | | | | | |
| Email: | Email: | | | | | | |
| Course: | Course: | | | | | | |
| Full Name: | Full Name: | | | | | | |
| Phone: | Phone: | | | | | | |
| Email: | Email: | | | | | | |

Course:



Australian Federal Police 2020 Universities Hackathon Security Vetting Form

Please complete this form using BLOCK LETTERS. Mark check boxes with a cross (x). Family Name / Surname: First Name / Given Name: List any previous/alias surname/s: List any previous/alias given name/s: Date of Birth: Which gender do you identify as: Male Female Other Where were you born? Suburb/Town State Country Australian Citizen Permanent Resident Which of the following are you? Non Resident Temporary Resident Current University of Study: Provide all residential addresses for the last 5 years Residential Address Dates of residence (month & year) Have you ever been involved in, accused of, summonsed, charged of or convicted of any criminal conduct in Australia or overseas? This includes criminal charges, AVOs, traffic offences, drug detections and any court attendances (including matters withdrawn, spent or non-convictions) Yes No If yes, please provide details Have you ever had any adverse interactions with police in Australia or overseas? This includes criminal charges, AVOs, traffic offences, drug detections and any court attendances. No Yes If yes, please provide details



Australian Federal Police 2020 Universities Hackathon Security Vetting Form cont.

PROOF OF IDENTITY

| From the list provided below, Th licence or passport. | HREE (3) forms of identity mus | st be provided. One (1) of these must be a current drivers | | | | | |
|--|--|--|--|--|--|--|--|
| Current driver's licence | Current passport | Medicare/Private Healthcare Card | | | | | |
| Birth certificate | Student ID card | Gov't issued identity card | | | | | |
| Gov't issued licence | Senior citizen/gov't concession card | | | | | | |
| Note: colour photocopies of 'Pro | of of Identity' documents mus | st be certified and attached to this form. | | | | | |
| SECURITY CHECK AUTHORIS | SATION | | | | | | |
| to the person or organisation convictions, findings of guilt, me and any other matters de- recorded, against me or one the duration of any contract that any information obtained of any contract with AFP, ma | n specified herein, informate either with or without convermed relevant which are of my associates or relative with AFP (hereinafter referd as part of the national crips be used by Australian per any outstanding criminal | and other Australian police agencies to release, tion held by any of them regarding any viction, and any matters still outstanding against recorded, or may in the future come to be ves at the time of filing this application and for rred to as 'Such Information'). I acknowledge iminal history record check and for the duration police agencies for law enforcement purposes; offences, and for consideration of the is application". | | | | | |
| authority to release, to the pethem regarding any conviction outstanding against me and | erson or organisation spec ons, findings of guilt, either any other matters deemed | e AFP and other Australian Police agencies cified herein, vetting information held by any of r with or without conviction, and any matters still d relevant which are recorded against me, inafter referred to as `Such Information'). | | | | | |
| AFP other Australian police including all members of AFI | agencies and the Commor P against all actions, suits hich may be brought or ma | elease and agree to fully indemnify officers of nwealth of Australia, its servants and agents , proceedings, causes of actions, costs, claims ade against it or them by me or by any body or ch Information. | | | | | |
| | or law enforcement purpos | f the vetting legislation may be used by ses; including the investigation of any | | | | | |
| policies and procedures of A | AFP and will not inspect, ex ument, computer system o | ses I am bound by the rules, regulations, xamine, take possession of, make photo copies, or other materials whilst conducting business, | | | | | |
| Applicant Name: | | | | | | | |
| Date: | | | | | | | |
| Applicant Signature: | | | | | | | |



Australian Federal Police 2020 Universities Hackathon

Application for a National Police Check - Offline application

Please complete this form in black/blue ink using CAPITAL LETTERS. Mark appropriate answers with a cross (X)

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|--|----------|------------|-------------|------------|-----------|---------------|----------|------------|---------------|------------------------------|---------------------------|-------------|-------------|--------------|---------|-----------------|-------|---------|----------------------------|
| A. APPLICAN | T DE | TAILS: | | | | | | | | | | | | | | | | | |
| Family Name | | | | | | | | | | | | | | Contac | ct Tel | ephone | | | |
| Given Names | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Previous/Alias Fam | nily Nan | ne 1 (if a | pplicab | le) | | | | | | Previ | ious/Alia | as Given | Names | 1 | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Previous/Alias Fam | nily Nan | ne 2 (if a | pplicab | le) | | | | | | Previous/Alias Given Names 2 | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Previous/Alias Fam | nily Nar | ne 3 (if a | pplicab | le) | | | | | | Previ | ious/Alia | as Given | Names | 3 | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | d d | d m m | ı y | у | у у | Place | of Birtl | h (Town | (City) | | | | _ | | |
| Male | Fem | ale D | ate of B | Birth | | | | | | | | | | | | | | | |
| Place of Birth (State | e) | | | | | | | | = | Place | of Birtl | h (Count | try) | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Current Residential | l Addre | ss | | | | | | | | | | | | | | | | | |
| Street | | | | | | | | | | | | | | | | | | | |
| Suburb | | | | | | | | | | | | | State | | | Postcoo | ie | | |
| Previous Residentia | ial Addr | ress | | | | | | | | | | | | | | | | | |
| Street | | | | | | | | | | | | | | | | | | | |
| Suburb | | | | | | | | | | | | | State | | | Postcoo | le | | |
| Email | | | | | | | | | | | | | | | | | | | |
| Proof of Identity - T | hree (3 |) forms | of ident | tificatio | on mus | t be liste | d (ple | ase ref | fer to pag | e 2 for | accepta | ble form | ns of ID) | | | | | | |
| Driver's Licence N | lo | | | | | | | Issu | ing State | | | * | | | | | | | |
| Alternate ID 1 Type | е | | | | | | | | | ID N | umber | | | | | | | | |
| Alternate ID 2 Type | e | | | | | | | | | ID N | umber | | | | | | | | |
| Alternate ID 3 Type | e | | | | | | | | | ID N | umber | | | | | | | | |
| B. PURPOSE (| OF CH | HECK | | | | | Name | and da | ate of birt | h chec | k | | Name, | date of I | birth | and finger | prir | nt che | eck |
| ☐ Emplo | yment | [| Unal | locate | d | □ v | isa | [| Adopti | ion | | Licensir | ng | Oth | ner (s | ee page 2) | | | |
| Specify details (e.g. | type | of emplo | vment | licence | e or vis | sa issuina | a cour | ntrv) | | | | | | | | | | | |
| Specify details (e.g. type of employment, licence or visa issuing country) | | | | | | | | | | | | | | | | | | | |
| C. ACKNOWL | .EDGE | EMENT | C Certify | y that I a | am the ap | pplicant her | rein and | d that all | I the details | that I hav | ve provide sation in a | ed herein a | are true an | nd correct a | and the | at I have not o | omitt | ted any | y previous Applicants). |
| Name and addres | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | | | | | | |
| Street | | | | | | | | | | | | | | | | | | | |
| Suburb | | | | | | | | | | | | | State | | | Postcoo | ie | | |
| | | | \equiv | | | | | | | $\overline{}$ | | | | | 〒 | | | | |
| Applicant's Signa | ature | | | | | | | | | | | | | Date | L | . / | 1 | 2 | 0 |
| D. OFFICIAL USE ONLY (Registered organisations please complete Questions 1-7, Police Force personnel complete Questions 1-9) | | | | | | | | | | | | | | | | | | | |
| T + Part - + + + + + + + + + + + + + + + + + + | | | | | | | 1112 | | | | | | | | | | | | |
| 5. Fee Category Individual Government Commercial Unallocated Core | | | | | | | | | | | | | | | | | | | |
| 6. Station/Organisation 7. Staff No. | | | | | | | | | | | | | | | | | | | |
| 8. Amount Collecte | d \$ | | . 0 | 0 | 9. F | Receipt N | lo. | \vdash | | | | | | | | npleted for | | | |
| | | | | | | | | | | | | Ircec | orus se | cuon on | Eagl | enet 54977 | or | (UZ) | 320343// |

INSTRUCTIONS FOR APPLICANTS

Applications for a National Police Certificate may be made online at www.police.gov.au. This form is for use by applicants without internet access.

Applicants must ensure form is completed in full and purpose of the check is clearly stated. Incomplete forms will cause delays.

- Complete sections A, B and C in black or blue ink using BLOCK LETTERS. Place one character per space leaving a space between each word.
- Contact AFP office nearest your place of residence to organise a time and location to submit
 the application form. Applicants must notify police prior to attending the office if fingerprints
 are required for visa or adoption purposes. (Individuals applying via Registered Organisations
 should submit forms directly to authorised Registered Organisation personnel).
- 3. Present application form and three (3) types of acceptable identification to the nominated police office at the allocated time.
- 4. Pay the appropriate fee. Fees are:
 - Name and date of birth check (\$58.60) or
 - Name and date of birth check for volunteers working in Commonwealth supported aged-care check (\$15) or
 - · Name, date of birth and fingerprint check (\$197.20).
- 5. Applicants with more than three (3) previous/alias names must complete Form P666 Additional information for NPCS purposes and present to AFP or Registered Organisation personnel when submitting application.

AFP does not provide Working With Children Checks. Individuals seeking a Working With Children Check Clearance should refer to the Office of the Children's Guardian website www.check.kids.nsw.gov.au.

However, some employers of persons in child-related work may also require a National Police Check to assess the suitability of a person for employment in a particular position. Some workers may therefore separately apply to the Office of the Children's Guardian for a Working With Children Check and to AFP for a National Police Check.

COMPLETING APPLICATION FORM:

Section A: Applicant details

Provide the following details in the spaces provided:

- · Full name (including middle name), date of birth and gender.
- · Country of Birth (if the Country of Birth is Australia then the Town/City and State must also be provided).
- All previous names or aliases by which you are, or have formerly been known, including maiden name.
- · Details of your current and previous residential address.
- Details of identification types that confirm your identity.

Applicants must list three (3) types of acceptable identification from the list below. Identification must be current and should include at least one type of photographic ID and identification that contains a signature and date of birth. Applicants must record in the space provided the identification type and number (if applicable). Acceptable types of identification are:

| Passport | Drivers Licence | Certificate of Marriage or Change of Name | Govt issued identity card |
|-----------------------|--------------------------------|--|------------------------------|
| Distr Osstellanda | Olding a ship of shifts and | Madiana / Driveta haalth assa | ++ |
| Birth Certificate | Citizenship Certificate | Medicare / Private health care card | Credit card |
| Student identity card | Union / Professional | Senior Citizen / Govt Concession Card | Rates Notice |
| | membership card | | |
| Govt issued licence | Photographic employee identity | Utility account (eg electricity, gas, telephone) | Govt issued proof of |
| | card | | age card |

Section B: Purpose of check

Applicants must:

- Select the Name and date of birth check box for employment or licensing purposes or student placement OR
- Select the Name and date of birth check volunteer Commonwealth funded care services check box (these
- checks will have 'aged care volunteer use only' printed on the certificate, therefore, the certificate is not suitable
- for any other purpose.
- Select the Name, date of birth and fingerprint check box if required for visa or adoption purposes AND the
- overseas country or the adoption organisation which has requested a fingerprint check.
- Indicate whether the check is for employment, licensing, visa or adoption purposes.
- Provide specific details of the purpose of the check. For example checks for employment purposes must include
- the type of occupation (eg cleaner, electrician or student placement); licensing checks must nominate
 the type of licence (eg boat licence); visa applications must include the country for which the visa is
 required (eg Canada).

Section C: Acknowledgement

By completing the Consent section, the applicant agrees to the following:

"I acknowledge and agree:

- a) that AFP relies on other Commonwealth and State jurisdictions (Other Agencies) to provide information to it (Other Agency Information) in order to produce a National Police Certificate.
- b) to release AFP from any liability arising from any errors or omissions contained in that Other Agency Information; and
- to indemnify AFP for any loss suffered or expense incurred by it arising out of errors or omissions contained in that Other Agency Information.

The above acknowledgement does not alter any rights I may have under legislation".

Applications will not be processed if consent section is incomplete. Applicants must provide the name and address of the individual or organisation to which the National Police Certificate is to be released. No copies of the National Police Certificate will be issued.

Please Note:

AFP relies on other State and Commonwealth jurisdictions to provide information in order to produce a National Police Certificate.

AFP will not be held liable for any loss, suffered or expense incurred by an applicant arising out of errors or omissions contained in information obtained from other agencies.

If an applicant incurs a loss or monetary expense arising out of errors or omissions contained in information obtained from other agencies, they may be able to make an application for an ex gratia payment.

Section D: Official use only

Items 1-7 to be completed by AFP or authorised Registered Organisation personnel ONLY.

- 1. Ensure the applicant has completed the application in full.
- 2. Confirm the identity of the applicant by sighting three (3) acceptable types of identification and tick the ID confirmed box.
- 3. Record the date application was received.
- 4. Record the AFP office cost centre number or Registered Organisation customer number.
- 5. Select appropriate fee category. (Police must select Individual category, Registered Organisations must select Commercial).
- 6. Record the name of the Office (or Registered Organisation) at which the application was processed.
- 7. Record the employee number of police or Registered Organisation personnel processing application.

Items 8-9 must also be completed by AFP personnel when processed via an AFP office

- 8. Record the fee collected from the applicant.
- 9. Record the general/miscellaneous receipt number issued to the applicant.



Australian Federal Police 2020 Universities Hackathon Idea Concept Submission

| Please complete this form: |
|---|
| University: |
| Team Name: |
| Team Members: |
| |
| Indicate which challenge you are providing a solution for: |
| How can we identify the ultimate beneficiaries of proceeds of crime received as cryptocurrency? |
| How can individuals identify their vulnerabilities to cyber attacks and make themselves more resilient? |
| Provide a summary of your idea. Remember, this will be used to shortlist the ideas with the most potential. |
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