



## NATIONAL POLICE CHECK (NPC) CONSENT FORM

Website: [www.afp.gov.au](http://www.afp.gov.au) Telephone: 02 6140 6502 Fax: 1300 549 456  
Email: [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 A.C.T. Public Holidays)

### FOR OFFICE USE ONLY

- ☐ Consent  
☐ Proof of IDs  
☐ Fingerprints (attached)  
☐ Fingerprints (paid)

Notes:

First Given Name

RENECHITO

Other Given Name

CHITO

Last Name

STO. DOMINGO

Date of Birth

5 OCT 1962

Reference Number (if known)

2264812 PC

### Applicant's Consent (required)

- I acknowledge I have read all the instructions while completing this form and I am aware exclusions from spent convictions legislation may apply to some categories of NPCs.
- The personal information I have provided as part of this application (including fingerprints if supplied) relate to me and are correct.
- I acknowledge the details contained on this form, including fingerprints where relevant, will be forwarded to the AFP, CrimTrac, and/or the Police Services of the States or Territories of the Commonwealth of Australia.
- 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 Person/Organisation receiving the certificate.
- I acknowledge the information provided on this form will not be used without my prior consent for any other purpose, unless otherwise authorised by law.
- I acknowledge that any information provided on this form 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.
- I acknowledge that only details provided as part of the online 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.
- 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: 4 / 3 / 2016

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: / /