



Telephone: 02 6140 6502  
Fax: 1300 549 456  
Email: AFP-NationalPoliceChecks@mail2.converga.com.au  
Website: www.afp.gov.au  
ABN: 17 864 931 143

## NATIONAL POLICE CHECK (NPC) CONSENT FORM

Office Hours: 8am to 5pm, Monday to Friday  
except A.C.T. Public Holidays

**Type of Check** Name Check Only

**Last Name** STO DOMINGO

**First Given Name** LEONORA

**Other Given Name** DONATO

**Date of Birth** 5<sup>th</sup> Feb 1964

### Applicant's Consent

- i. I acknowledge I have read all the instructions while completing this application and I am aware exclusions from spent convictions legislation may apply to some categories of NPCs.
- ii. The personal information I have provided in this application (including fingerprints if supplied) and all the attachments (if any) relate to me and are correct.
- iii. I acknowledge the details contained in this application, including fingerprints where relevant, will be forwarded to the AFP, the Australian Criminal Intelligence Commission, and/or the Police Services of the States or Territories of the Commonwealth of Australia.
- iv. 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 Employer/Organisation named in Section 6.
- v. I acknowledge the information provided in this application will not be used without my prior consent for any other purpose, unless otherwise authorised by law.
- vi. I acknowledge that any information provided in this application 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.
- vii. I acknowledge that only details contained in this 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.
- viii. 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:**

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:**

After signing this form, please scan and upload it as part of Step 4 of the online application. If you have closed your browser window or for other reasons cannot return to Step 4, you will be required to start a new application.

**NB: scanned files must be in .JPG .PDF or .TIF format**