



# Criminal History Screening Application Form

Form GHA - 1

## APPLICATION FOR GUIDE, HEARING AND ASSISTANCE DOG TRAINERS CRIMINAL HISTORY SCREENING

*Guide, Hearing and Assistance Dogs Act 2009, Sections 15 and 59*

### Request for national criminal history check

The *Guide, Hearing and Assistance Dogs Act 2009* requires guide, hearing and assistance dog trainers to undergo criminal history screening.

#### THIS FORM MUST BE COMPLETED BY:

- A person who is applying for approval as a guide dog trainer, hearing dog trainer or assistance dog trainer.
- Each employee trainer of an institution applying for approval as an approved training institution for the training of guide dogs, hearing dogs or assistance dogs.
- New employee trainers of approved training institutions for the training of guide dogs, hearing dogs or assistance dogs.
- An approved trainer or employee trainer who is required to disclose a change in their criminal history.

#### DEFINITION OF CRIMINAL HISTORY

The *Guide, Hearing and Assistance Dogs Act 2009* defines 'criminal history' as the convictions, other than spent convictions, recorded against a person for offences, in Queensland or elsewhere, whether before or after the commencement of the Act.

The *Guide, Hearing and Assistance Dogs Act 2009* defines 'conviction' as a finding of guilt, or the acceptance of a plea of guilty, by a court.

The *Criminal Code Act 1899* defines 'spent conviction' as a conviction:

- for which the rehabilitation period under the *Criminal Law (Rehabilitation of Offenders) Act 1986* has expired under that Act; and
- that is not revived as is prescribed by section 11 of the *Criminal Law (Rehabilitation of Offenders) Act 1986*.

#### HOW TO COMPLETE THIS FORM:

- **Parts A and B** must be completed by a person applying for approval as a guide dog trainer, hearing dog trainer or assistance dog trainer; an employee trainer of an institution applying for approval as an approved training institution for the training of guide dogs, hearing dogs or assistance dogs; a new employee trainer of an approved institution for the training of guide dogs, hearing dogs or assistance dogs; or an approved trainer or employee trainer who is required to disclose a change in their criminal history.
- Part C must be completed by the person who sights the identification of the person who is applying for criminal history screening or disclosing a change in their criminal history. The identification must be sighted by a person before whom a statutory declaration may be made under the Statutory Declarations Act 1959 (Cwth), section 8(b). A person before whom a statutory declaration may be made includes a Justice of the Peace, a legal practitioner, a medical practitioner, a physiotherapist, a psychologist, some Post Office staff, some bank officers and some public servants.
- **Part D** must be completed by an employee trainer of an institution applying for approval as an approved training institution, a new employee trainer of an approved training institution or an employee trainer who is required to disclose a change in their criminal history.

#### YOUR PRIVACY

##### What we do with this information.

The information provided by you on this form is requested for the purpose of Parts 3 and 6 of the *Guide, Hearing and Assistance Dogs Act 2009*. The information must not be used for any other purpose. The information will be provided to the Queensland Police Service. This form and any information about you will be stored in a secure facility and only authorised departmental officers will have access to the information.

If you are an employee trainer, by signing the declaration at Part B of this form, you are consenting to the Department of Communities, in the event that it is decided that you are unsuitable to work with people with a disability or guide, hearing or assistance dogs because of your criminal history, disclosing to your employer that you are unsuitable to work with people with a disability or guide, hearing or assistance dogs because of your criminal history.

Except as stated above, criminal history information will not be disclosed to third parties without your consent.



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**Please tick the appropriate box if this form relates to:**

<input type="checkbox"/>	A person who is applying for approval as a guide dog trainer, hearing dog trainer or assistance dog trainer.
<input type="checkbox"/>	An employee trainer of an institution applying for approval as an approved training institution for the training of guide dogs, hearing dogs or assistance dogs.
<input type="checkbox"/>	A new employee trainer of an approved training institution for the training of guide dogs, hearing dogs or assistance dogs.
<input type="checkbox"/>	An approved trainer or an employee trainer of an approved training institution disclosing a change in their criminal history.

**PART A – To be completed by the person applying for criminal history screening or disclosing a change in their criminal history.**

**PERSONAL DETAILS**

Title: (Mr/Mrs/Ms/Miss/other)		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Family name:		
Given name:		
Middle name: (do not abbreviate)		
Other names used:		
Circumstances of name change: (e.g. maiden name, previous names, aliases)		
Date of birth:		
City of birth:		
State/country of birth:		

**Residential address**

Street:		
Suburb:		
State:		Postcode:

**Postal address**

Street:		
Suburb:		
State:		Postcode:

**Contact Details**

Mobile:		
Work:		
Home:		
Contact email:		

**Proof of identity from list 1:**

Type:		Expiry:
Number:		
State/country of issue:		

**Proof of identity from list 2:**

Type:		Expiry:
Number:		

**>>>> For guidance on which forms of identity may be used please see part C.**





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## PART B – To be completed by the person applying for criminal history screening or disclosing a change in their criminal history.

### DECLARATION

Please read the following carefully before signing:

- I declare that the information that I have provided on this form, and the identification documents mentioned in Part C of this form are true and correct.
- I consent to the Department of Communities, in accordance with Part 6 of the *Guide, Hearing and Assistance Dogs Act 2009*, obtaining a check of criminal history information from police, courts, prosecuting authorities and other bodies in Queensland or elsewhere in Australia.
- I understand that this information will be used to assess whether I am suitable to work with animals or people with a disability for the purposes of the *Guide, Hearing and Assistance Dogs Act 2009*.
- I consent to Department of Communities, in the event that it is decided that I am unsuitable to work with people with a disability or guide, hearing or assistance dogs because of my criminal history, disclosing to my employer that I am unsuitable to work with people with a disability or guide, hearing or assistance dogs because of my criminal history (this applies only to employee trainers).

Signature:..... Date:.....

## PART C – To be completed by the person who sights the identification of the person applying for criminal history screening or the person disclosing a change in their criminal history.

### PROOF OF IDENTITY

The person who is applying for criminal history screening or disclosing a change in their criminal history must produce two original identification documents to confirm their identity. Together the documents must show:

- Full name
- Date of birth
- Signature

All identification documents sighted must be originals (photocopies are not acceptable). Where any document is in a former name, an original official document (e.g. marriage certificate or change of name certificate) showing the change of name must be sighted.

The person sighting the identification documents must certify below that they have sighted the documents.

Name of person sighting evidence:

Qualification (Justice of the Peace, legal practitioner, medical practitioner etc.):

Address:

Contact number:

I certify that I have sighted the original primary and secondary identification documents described in Part A and indicated below of the person applying for criminal history screening or disclosing a change in their criminal history.

Signature:

Date:



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**Indicate the primary identification document from List 1 and the secondary identification document from List 2 sighted by ticking the appropriate boxes:**

**List 1 – Primary identification document:**

<input type="checkbox"/>	birth certificate
<input type="checkbox"/>	current Australian driver's licence containing a photograph of the person
<input type="checkbox"/>	international travel document, namely: <ul style="list-style-type: none"> <li>• a current passport</li> <li>• an expired passport that expired less than two years before the document is sighted</li> <li>• another current identity document, having the characteristics of a passport issued by a government, the United Nations or an agency of the United Nations for the purposes of international travel</li> <li>• another expired identity document, having the characteristics of a passport issued by a government, the United Nations or an agency of the United Nations for the purposes of international travel that has expired less than two years before the document is sighted</li> <li>• citizenship certificate</li> <li>• visa or entry permit under the <i>Migration Act 1958</i> (Cwlth)</li> <li>• current consular identity document containing a photograph of the person</li> </ul>
<input type="checkbox"/>	a document the Director-General of the Department of Communities considers to provide sufficient identification of the engaged person.

**List 2 – Secondary identification document:**

<input type="checkbox"/>	recent (from the past 12 months) account or notice issued by a public authority (e.g. council rate notice, electricity account statement, gas account statement, land valuation notice, telephone account statement)
<input type="checkbox"/>	recent (from the past 12 months) document showing electoral enrolment
<input type="checkbox"/>	identification card issued by the Commonwealth or a state as evidence of the person's entitlement to a financial benefit (e.g. Commonwealth seniors health card, health care card, Medicare card, pensioner concession card, repatriation health care card)
<input type="checkbox"/>	passbook or account statement issued by a bank/building society/credit union dated in the past 12 months.

**PART D – To be completed by:**

- an employee trainer of an institution applying for approval as an approved training institution;
- a new employee trainer of an approved training institution; or
- or an employee trainer who is required to disclose a change in their criminal history.

Name of training institution: <input type="text"/>  Address: <input type="text"/> <input type="text"/> <input type="text"/>	Telephone number: <input type="text"/>  Email: <input type="text"/>  Contact details of training institution: <input type="text"/>
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**CHECKLIST – Please indicate that all sections of this form have been completed and the relevant documentation has been attached.**

	Parts A and B of this form have been completed by the applicant for criminal history screening (required).
	Part C of this form has been completed by the person who sights the identification of the applicant for criminal history screening (required).
	Part D of this form has been completed with the details of the training institution (where relevant).
	A completed form of disclosure of criminal history or change of criminal history has been attached in a sealed envelope.

**RETURN TO:**

**Guide, Hearing and Assistance Dogs**

GPO Box 806

BRISBANE QLD 4001