

Security and Investigation Industry Act 1995

Personal Information Declaration

Security licensing (Strictly confidential)

Please answer all questions, or processing of your application may be a delayed. If you have any questions contact Consumer and Business Services on 131 882 or email occupational@sa.gov.au.

Family name	_____	Other names	_____
Residential address	_____		
Service address	_____		
Home phone	_____	Mobile	_____
Work phone	_____	Email	_____
Date of birth	_____	Sex	Male / Female
Any other names you are known by (birth, married, alias, changed legally):			

Town of birth	_____	Country of birth	_____
If you were not born in Australia, please complete the following:			
Are you an Australian citizen? Yes / No			
If Yes , list your Australian Passport number, or Certificate number _____			
If No , complete the Non-Australian citizens section below.			

Non-Australian citizens

Do you currently reside in Australia?

Yes / No (please circle one)

If **No**

You must provide, with this form, a National Police Certificate from the country in which you reside (no older than 12 months from date of application).

If **Yes**

Have you resided in Australia for less than 2 years from the date of your application?

Yes / No (please circle one)

If **Yes**, you must provide a photocopy of your passport with this form. You will also need to provide a National Police Certificate from all countries where you have resided (excluding Australia) within the last 2 years.

Note: All overseas police certificates must be translated into English.

The information below is required by the Commissioner of Police

Address history

Excluding your present address and working backwards, complete the following details for each address you have resided at in the last **10 years** (including interstate and overseas).

Date from	Date to	Address

Family and close associates

Complete all sections. If not applicable mark them N/A. If more space is needed attach further information.

Parents / step-parents information (If parent/s are deceased provide name only)

Family name	Given name	Address	Date of birth

Brothers or sisters / step-brothers or sisters / half-brothers or sisters (If deceased provide name only)

Family name	Given name	Address	Date of birth

Spouse / partner (whether or not they currently reside with you)

Family name	Given name	Address	Date of birth

Spouse / partner parents / step parents (If deceased provide name only)

Family name	Given name	Address	Date of birth

Spouse / partner brothers or sisters / step-brothers or sisters / half-brothers or sisters (If deceased provide name only)

Family name	Given name	Address	Date of birth

Children - 18 years or older only (If deceased provide name only)

Family name	Given name	Address	Date of birth

Any other person who resides with you and is not listed above (exclude a person under the age of 18)

Family name	Given name	Address	Date of birth

Employment and business details

Current employment details

Date	Employer	Occupation

Are you currently, or have you in the last 5 years operated a business in partnership and/or been a director of a company (other than a company listed on the stock exchange)?

Yes / No (please circle one) If **Yes**, give details

Date	Name of business	Name of partners

Failure to declare information is an offence – You are responsible for completing this form accurately. Contact the SAPOL Licensing and Enforcement branch on (08) 7322 3342 for assistance.

Offence history

You **must** answer each question either **Yes** or **No**

Have you ever been **arrested, charged, or reported** for any offence either in Australia or overseas (include offences committed before the age of 18, traffic offences and spent convictions)?

Note: Expiation notices are not included here - refer to the next question

Yes / No (please circle one) If **Yes**, give details

Date	State	Offence	Outcome

Have you ever been issued with any type of expiation notice in Australia (e.g. minor traffic, drug, shop lifting, tobacco, liquor, environment notice)?

Yes / No (please circle one) If **Yes**, give details

Date	State	Offence

Have you been charged or reported for any offences that have not yet been before court, or are currently before court?

Yes / No (please circle one) If **Yes**, give details

Date	State	Offence	Outcome

Authority

I (full name of applicant)
of (current address)

hereby consent to the release of full details of any person and any other relevant information that any Australian State/Federal/Territories Police or Law Enforcement Agency may have in its possession with reference to me. This includes any convictions imposed on me that are spent or rehabilitated (however described) under State/Territory/Federal legislation. I acknowledge without this consent being provided, spent or rehabilitated convictions within certain States may not be disclosed.

South Australia Police (SAPOL) will release all findings of guilt, all proven court outcomes, including offences for which a 'without conviction' was recorded, expiation notices and any other information relevant to the assessment of your application. The information is released in accordance with SA legislation.

Offences from other States/Territories will be released in accordance with their specific spent conviction and rehabilitation legislation policies.

I authorise the Commissioner for Consumer Affairs to make any enquiries that may be relevant to determine the application.

Signature	Date
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I understand that it is an offence to make a false or deliberately misleading statement or omission in support of an application.

A person must not make a statement that is false or misleading in a material particular (whether by reason of the inclusion or omission of any particular) in any information provided, or record kept, under the *Security and Investigation Industry Act 1995*. Maximum penalty - \$10,000.