



DEPARTMENT FOR CHILD PROTECTION
RECORD CHECK CONSENT FORM

FORM 446
05/09

Department for
Communities

- CHILD CARE LICENSING & STANDARDS UNIT -

PART 1: REASON FOR THIS RECORD CHECK - Are you one of the following?

Please tick the appropriate box and complete the required Part before doing ID check and witnessing with Departmental officer\*.

- Child care licence applicant -> Complete Part 3
Family day care licence applicant -> Complete Parts 3 and 4
Outside school hours care licence applicant -> Complete Part 3
Outside school hours family day care licence applicant -> Complete Parts 3 and 4
Supervising officer -> Complete Parts 2 and 3
Person to act in place of licensee or supervising officer -> Complete Parts 2 and 3
Family day care adult household resident \* -> Complete Parts 2 and 3
Outside school hours family day care adult household resident \* -> Complete Parts 2 and 3

\* Each adult household resident to complete a separate form.

1.1 Is this a new check or a renewal check? [ ] New check [ ] Renewal check

PART 2: NAME OF SERVICE OR FAMILY DAY CARE LICENSEE/APPLICANT
Print the name of the service or family day care licensee/applicant to which this check relates:

PART 3: DETAILS OF APPLICANT (Person requiring record check) PLEASE PRINT CLEARLY

Surname: All given names:

Daytime contact number: [ ] MALE [ ] FEMALE (Tick one)

Date of Birth: Country & State of birth:

If you were born in another country please state the year you arrived in Australia:

Ethnicity: [ ] Aboriginal [ ] Non Aboriginal [ ] Born Overseas

Former names: List all your former names including any aliases. (Please attach list if needed)

Surname: All given names:

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Table with 3 columns: Residential address, From, To. Rows for Current address and two Previous addresses.

Please forward ORIGINAL completed form and attachments to:
Child Care Licensing and Standards Unit
Department for Communities
PO Box 6242 East Perth Business Centre
EAST PERTH WA 6892
Incomplete consent forms will be returned and may delay licence application

**PART 4: OTHER FAMILY DAY CARE HOUSEHOLD ADULT RESIDENTS**

Please list the details of your partner, other adults and children over 10 years old living in your house:  
(Attach a list if necessary.)

Surname	Given & middle names	Other names (Aliases)	Date of Birth	Gender (M/F)	Relationship to Applicant

**PART 5: PROOF OF IDENTITY – Department for Communities Children’s Services Officer or other Departmental officer\* to complete this Part and witness Applicant’s signature in Part 7.**

(A Justice of the Peace or another public servant may complete this Part if it is not practicable for a Departmental Officer to do so.)

Departmental officer\* to sight original and sign photocopies of identification documents, complete Part 5.1 below and witness applicant’s signature in Part 7.

Officer’s name:	Daytime contact number:
Department/Agency:	Position title:
Signature:	Date:

**5.1: DOCUMENTARY IDENTIFICATION EVIDENCE – MINIMUM 100 POINTS REQUIRED.**  
Certified photocopies of original identification documents must be attached.

Section	Suitable Identification documents	Print number and expiry date of ID documents	Points
1	<p><b>Only two of the following is acceptable. Please tick relevant box.</b></p> <input type="checkbox"/> Birth Certificate (original or certified copy/extract) and Marriage Certificate (if applicable) <input type="checkbox"/> Current Passport/International travel document <input type="checkbox"/> Drivers licence/permit with photo		70
2	<p><b>Any three of the following is acceptable. Please tick relevant box(s)</b></p> <input type="checkbox"/> Citizenship certificate (original or certified copy) <input type="checkbox"/> Medicare card <input type="checkbox"/> Social Security Benefits ID card <input type="checkbox"/> Working with Children card		40
3	<p><b>Only one of the following is acceptable. Please tick relevant box.</b></p> <input type="checkbox"/> A signed written reference from a financial body <input type="checkbox"/> A signed written reference from an unrelated person who has known the applicant for a minimum of twelve months		40
4	<p><b>One of the following is acceptable. Please tick relevant box.</b></p> <input type="checkbox"/> Public Service ID card <input type="checkbox"/> Tertiary Student ID card		25
5	<p><b>This is only applicable to individuals recently arrived in Australia (arrived within six weeks) who cannot produce any of the above.</b></p> <input type="checkbox"/> Passport AND <input type="checkbox"/> Evidence of permanent Australian resident status/or visa evidence providing permission to work in Australia.		100

**5.2: REFEREE REPORTS FOR PROOF OF IDENTITY (100 points)**

This Part is only applicable to Aboriginal and Torres Strait Islanders who are living in an isolated area and are unable to provide any of the identification listed in Part 5.1.

**Refugee applicants may also use this Part if necessary.**

**REFEREE ONE:**

I (please print referee's full name):

of (address/work location):

have known (applicant name):

for ..... years and declare that this is his/her signature hereunder.

Signature of Applicant:

Date:

Signature of Referee:

Date

Referee's daytime contact number:

Referee's email address:

**REFEREE TWO:**

I (please print referee's full name):

of (address/work location):

have known (applicant name):

For ..... years and declare that this is his/her signature hereunder.

Signature of Applicant:

Date:

Signature of Referee:

Date

Referee's daytime contact number:

Referee's email address:

**PART 6: INFORMATION FOR APPLICANT (Person requiring record check).****Please read before signing consent.**

A Department for Child Protection record check is used to assist in the assessment of child care service licence applicants and household adult residents of family day care licensees. By signing consent you are giving your permission for adverse information found as a result of this check to be assessed and disclosed to senior authorised staff of the Department for Communities.

Adverse information refers to matters where an individual:

- has contributed to a child being harmed or neglected
- poses a serious risk of harm to a child, or
- has evidenced behaviour or acts endangering life or health, e.g. serious drug abuse, assaults of a sexual or violent nature.

Information about behaviour that is regarded as less serious but which forms a pattern over time and has implications for the suitability of a person to work with children and families will be considered for disclosure e.g. perpetration of family and domestic violence.

By consenting to such a check it is understood by all parties that:

- only adverse information will be considered for disclosure
- the applicant will have the opportunity to discuss such information with the Department for Child Protection Record Screening Unit prior to it being disclosed
- any adverse information disclosed will be treated confidentially and only used to assist the assessment of a person's suitability to work with children and families and have access to confidential/sensitive information
- responsibility for a decision to assess a person as suitable sits with the Department for Communities.

**PART 7: CONSENT FOR RECORD CHECK – Applicant and Departmental officer\* to complete****Applicant:**

1. I, the applicant, certify that the information I have provided on this consent form is complete and correct.
2. I consent to the Department for Child Protection undertaking a search of its client and child protection records as requested by the Department for Communities.
3. I understand that all identifying information about me will be held in the strictest confidence and will not be used for any other purpose than to assist the assessment being undertaken.

**Applicant's signature:****Date:****Departmental officer:**

*(A Justice of the Peace or another public servant may witness Applicant's signature if it is not practicable for a Departmental Officer to do so.)*

I hereby certify that I have sighted the above applicant's original identification documents and witnessed his/her signature consenting to this check.

**Departmental officer's signature:****Date:****PART 8: AUTHORISING OFFICER – officer must be Level 6 or above.**

*(This is the Senior Officer to be advised of the results of the record check)*

<b>Authorised Officer:</b>	Director Child Care Licensing And Standards Unit Department for Communities	<b>Level:</b> LEVEL 8
<b>Address:</b>	1 <sup>st</sup> Floor, 111 Wellington Street East Perth WA 6004	
<b>Email address:</b>	ccluinfo@communities.wa.gov.au	<b>Telephone:</b> 08 6210 3333