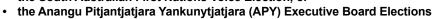


## NATIONALLY COORDINATED CRIMINAL HISTORY CHECK

**Electoral Commission of South Australia** 

This form is only for use in:

• the South Australian First Nations Voice Election, or





Please print clearly in BLOCK letters	Please print clearly in BLOCK letters with black or blue ink.  *Denotes Mandatory Fiel					
CURRENT NAME*						
Surname/Family Name S	Single name only					
First Given Name(s)						
Other Given Name(s)						
PREVIOUS/OTHER NAME(S)* (Note: if you have more than one previous name or alias, please attach an additional page)						
Name Type: Maid		Previous		Single name only		
Surname/Family Name						
First Given Name(s)						
Other Given Name(s)						
BIRTH DETAILS*						
Date of Birth (DD/MM/YYYY):			Gender: Ma	ale Female Intersex		
PLACE OF BIRTH: Town/City						
State Country						
ADDRESSES*						
CURRENT RESIDENTIAL ADDRES	 SS:					
Suburb/Town				State Postcode		
POSTAL ADDRESS: (If different to yo	our Current Australia	an Residential Addre	ss)			
Suburb/Town				State Postcode		
PREVIOUS ADDRESS:						
Suburb/Town				State Postcode		
PEASON FOR CHECK*			, , , , ,			

Candidate for election for the Local First Nations Voice

South Australia Candidate for election to the APY Executive Board

Revised: 24/07/2023 Page 1 of 2

## NATIONALLY COORDINATED CRIMINAL HISTORY CHECK

CONTACT DETAILS*						
Mobile Telephone M	lobile Telephone	Home Telephone				
Email Address						
DRIVERS LICENCE/PROOF OF AGE CARD						
Drivers Licence/Proof of Age Card No. State or Country						
NATIONAL POLICE CHECK DETAILS*						
Are you working or volunteering with children? No						
Will you have contact with Vulnerable Groups? No						
Are you applying for a visa ? No						
Check type? Individual (I)						
CONSENT*						
State / Federal / Territory Police or Law Er may include any spent convictions if there	nforcement Agency may have in its posses is an applicable exclusion under Schedul	or outstanding warrants that any Australian ession with reference to me. I understand this le 1 of the Spent Convictions Act 2009 or er legislation of that State / Territory / Federal				
	cies and their employees, servants and ag	each of the Australian States / Federal gents from and against all claims, demands, any way connected with, the release or use of				
<ul> <li>I grant permission for the Returning Officer of this election (at the Electoral Commission of South Australia) to receive a copy of my Nationally Coordinated Criminal History Check.</li> </ul>						
Applicant Signature:		Date: / /				
PROOF OF IDENTITY (1 Primary and 1 Secondary is required)						
The applicant is required to present original ID	documents for certification. This can be d	done by either:				
<ul> <li>A photocopy of the documents being cited and certified and stapled to this application form, or</li> <li>A photo/scan of the documents being sent via email to the returning officer with this form</li> </ul>						
PRIMARY - CATEGORY A	SECONDARY - CATEGORY B	OTHER				
Passport (current or expired within 2 years but not cancelled)	Medicare Card	Letter of introduction vouching for candidates. (signed by approved				
Birth Certificate (not Extract)	Centrelink consession card	senior community member)				
Citizenship Certificate	Marriage Certificate					
Drivers Licence (Note: an image of both front and back must be provided)	Bank/Credit/Debit					
Proof of Age Card						
ADMINISTRATIVE USE (Please Tick)						
·	oral Official APY Electoral Offic	cial				
I have witnessed the applicant's signature (ar the attached certified identification documenta		rectness of the applicant's identity as per				

Signature:

Date: / /

Revised: 24/07/2023 Page 2 of 2

Name: .