

Western Edge *Fire* Service



Criminal History Check

Authority Form

Name:

Address:

Queensland Police Service Authority and Indemnification:

Proof of Identity

- Photocopy of Drivers License Front and Back
- Photocopy of Medicare Card
- Photocopy of Health Care or Pension Card Front and back
- Photocopy of Queensland Firearms License/s

Name of Third Party: **Western Edge Fire Service** 38 North Street Wandoan Q 4419

This check is for the purpose of undertaking with the Third Party that is unpaid as a **volunteer**. Copies must be **certified**.

I, whose personal particulars are set out above, authorise the Commissioner of Police or their servants or agents to:

- Check my name against records that the Queensland Police Service or are available to them nationally from other Australian Police Services hold, and I further agree to provide my finger prints if required for checking purposes, and if I do not have a conviction or if only have a conviction that can not be disclosed by virtue of the *Criminal Law (Rehabilitation of Offenders) Act 1986 (QLD)* to advise the above named third party that I do not have a conviction that can be disclosed. If I have a conviction that can be disclosed, I authorise the disclosure to the above named third party of the details of that conviction. I, **clearly understand** that **any** details disclosed to the above named third party will be considered by them and may affect any application I have made with them for a position of trust or employment, or as the case may be.
- I hereby agree not to take or suffer or permit to be taken any form of legal action whatsoever or howsoever against the Crown in the right of the State of Queensland, the Commissioner of Police or any member or agent of the Queensland Police Service in the respect of advice given to the third party or the disclosure or use of information in way to the records under the name supplied.

Signature of Applicant: _____ Date