



# Request for national criminal history check

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

## General information

The *Guide, Hearing and Assistance Dogs Act 2009* (the Act) requires people applying for approval as a guide, hearing or assistance dog trainer or an employee trainer of a training institution applying for approval, to disclose whether or not they have a criminal history.

The Act also requires approved guide, hearing or assistance dog trainers and employee trainers of approved training institutions to disclose if there is a change in their criminal history.

## Definition of criminal history

The Act defines 'criminal history' as the convictions, apart from spent convictions, recorded against a person for offences in Queensland or elsewhere, whether before or after the commencement of the Act. 'Conviction' is defined as a court's finding of guilt or acceptance of a guilty plea, by a court.

The *Criminal Code Act 1899* further 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 the applicant.
- Part C must be completed by the person who sights the identification of the applicant—a person before whom a statutory declaration may be made under the *Statutory Declarations Act 1959* (Cth), section 8(b). This may be a Justice of the Peace, a legal practitioner, a medical practitioner, a physiotherapist, a psychologist, some post office staff, some bank officers or some public servants.
- Part D must be completed by an employee trainer, if applicable.

You can complete this form on your computer using Adobe Acrobat Reader and some browsers, or you can print it.

If you have a printed form:

- Use black or blue pen
- Print in BLOCK LETTERS
- Tick your selection in the check boxes.

Electronic signatures are acceptable if you are not printing the form.

Complete the checklist at the end of the form.

## Privacy statement

The collection of this information is authorised under the Act and will be used to assess your suitability to work with animals or people with disability for the purposes of the Act.

If you are an employee trainer, by signing the declaration at Part B of this form, you are consenting to the Guide, Hearing and Assistance Dogs team, in the event that it is decided that you are unsuitable to work with people with disability or animals, disclosing this fact to your employer. Your personal information will be managed in accordance with the *Information Privacy Act 2009* and, except as outlined above, criminal history information will not be disclosed to third parties without your consent.

**I have read and understood the privacy statement:**

Yes

No

**Please tick which of the following applies to you:**

A person who is 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 training institution for the training of guide dogs, hearing dogs or assistance dogs.

An approved trainer or an employee trainer of an approved training institution disclosing a change in their criminal history.

An approved trainer or an employee trainer of an approved training institution subject to a Review under Part 3 Division 2 of the Act.

**Part A**

**Must be completed by all trainers /employee trainers of training institutions or where there has been a change in criminal history.**

**Personal details**

Title:  First name:  Middle name:  Last name:

Other names used:

Circumstances of name change:

Gender:  Female  Male  Non-binary  Indeterminate  Intersex  Unspecified

Date of birth (DD/MM/YYYY):

City of birth:  State/country of birth:

**Residential address**

Street:

Suburb:  State:  Postcode:

**Postal address (if different from residential address)**

Suburb:  State:  Postcode:

**Contact details**

Home phone:  Mobile phone:

Work phone:  Email:

**Proof of identity**

**From list 1:**

Type of document:

Expiry:

Number:

State/Country of issue:

**From list 2:**

Type of document:

Expiry:

Number:

State/Country of issue:

**Part B**

**Applicant declaration**

Please read the following carefully before signing:

I declare that the information I have provided and the identification documents mentioned in Part C are true and correct.

I consent to the department, in accordance with Part 6 of the Act, obtaining a check of criminal history information from the commissioner of the police service.

I understand that this information will be used to assess whether I am suitable to work with animals or people with disability for the purposes of the Act.

I consent to the department, in the event it is decided I am unsuitable to work with people with disability or animals because of my criminal history, disclosing this fact to my employer (this applies only to employee trainers).

Signature:

Name:

Date:

**Part C**

**Must be completed by the person sighting the identification evidence**

**Proof of identity**

- The applicant in this form must produce two original identification documents to confirm their identity. Together the documents must show their full name, date of birth and signature.
- All identification documents must be originals, not photocopies.
- Where any document is in a former name, you must sight an original official document showing the change of name (e.g. marriage certificate or change of name certificate).
- The person sighting the identification documents must certify below that they have sighted the documents.

**For guidance on which forms of identity may be used please see list below.**

Name of person sighting evidence:

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

Address:

Contact number:

**Declaration**

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 a criminal history screening or disclosing a change in their criminal history.

Signature:

Name:

Date:

**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**

- Birth certificate
- Current Australian driver’s licence containing a photograph of the person
- International travel document
  - Current passport
  - Expired passport that expired less than two years before the document is sighted
  - 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
  - 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
- Citizenship certificate
- Visa or entry permit under the *Migration Act 1958* (Cth)
- Current consular identity document containing a photograph of the person
- Document that the Director-General of the department considers to provide sufficient identification of the engaged person

**List 2 – Secondary identification document**

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)

Recent (from the past 12 months) document showing electoral enrolment

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)

Passbook or account statement issued by a bank/building society/credit union dated in the past 12 months

**Part D****Must be completed by employee trainers**

Name of training institution:

Address of training institution:

Contact number of training institution:

Email address of the training institution:

**Checklist**

- Parts A and B** have been completed by the applicant for criminal history screening (**required**).
- Part C** has been completed by the person sighting the applicant's identification (**required**).
- Part D** has been completed by the employee trainer applicant (**where relevant**).
- A completed Form *GHA-2, Criminal history disclosure/Change of criminal history* (**required**).

**Return:**

Via email to [ghad@qld.gov.au](mailto:ghad@qld.gov.au)

**OR mail to Attention 'Manager, Guide Hearing and Assistance Dogs Team'**

Locked Bag 3405  
Brisbane QLD 4001

**For further information:**

**Phone:** 13QGOV (13 74 68) **TTY:** 133 677

**Email:** [ghad@qld.gov.au](mailto:ghad@qld.gov.au)

**Postal:** Locked Bag 3405, Brisbane QLD 4001

**Website:** [www.qld.gov.au/ghad](http://www.qld.gov.au/ghad)