# Request for national criminal history check

[*Guide, Hearing and Assistance Dogs Act 2009*](https://www.legislation.qld.gov.au/view/html/inforce/current/act-2009-004) (the Act), Sections 15 and 59

**General information**

The[*Guide, Hearing and Assistance Dogs Act 2009*](https://www.legislation.qld.gov.au/view/html/inforce/current/act-2009-004) (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*](https://www.legislation.qld.gov.au/view/html/inforce/current/act-1899-009) further defines ‘spent conviction’ as a conviction:

* for which the rehabilitation period under the [*Criminal Law (Rehabilitation of Offenders) Act 1986*](https://www.legislation.qld.gov.au/view/html/inforce/current/act-1986-020) 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*](https://www.legislation.qld.gov.au/view/html/inforce/current/act-1986-020)*.*

**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),*](https://www.legislation.gov.au/C1959A00052/latest/text) 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*](https://www.legislation.qld.gov.au/view/html/inforce/current/act-2009-014) 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 or employee trainers of training institutions or where there has been a change in criminal history.**

### Personal details

Title: Click or tap here to enter text.

First name: Click or tap here to enter text.

Middle name: Click or tap here to enter text.

Last name: Click or tap here to enter text.

Other names used: Click or tap here to enter text.

Circumstances of name change: Click or tap here to enter text.

Gender: Choose an item.

Date of birth: Click or tap to enter a date.

City of birth: Click or tap here to enter text.

State of birth: Click or tap here to enter text.

Country of birth: Click or tap here to enter text.

Residential address (including State and postcode): Click or tap here to enter text.

Postal address (if different from residential address, including State and postcode):

Click or tap here to enter text.

Home phone: Click or tap here to enter text.

Work phone: Click or tap here to enter text.

Mobile phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

### Proof of identity

**From list 1:**

Type of document: Click or tap here to enter text.

Expiry: Click or tap here to enter text.

Number: Click or tap here to enter text.

State or Country of issue: Click or tap here to enter text.

**From list 2:**

Type of document: Click or tap here to enter text.

Expiry: Click or tap here to enter text.

Number: Click or tap here to enter text.

State or Country of issue: Click or tap here to enter text.

## Part B

### Application 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: Click or tap here to enter text.

Date: Click or tap to enter a 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: Click or tap here to enter text.

Qualification (Justice of the Peace, legal practitioner, medical practitioner etc.): Click or tap here to enter text.

Address: Click or tap here to enter text.

Contact number: Click or tap here to enter text.

### 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: Click or tap here to enter text.

Date: Click or tap to enter a 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)](https://www.legislation.gov.au/C1958A00062/latest/text)
* 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

 past12 months

## Part D

**Must be completed by employee trainers.**

Name of training institution: Click or tap here to enter text.

Address of training institution: Click or tap here to enter text.

Contact number of training institution: Click or tap here to enter text.

Email address of training institution: Click or tap here to enter text.

### 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).**

## Part E

**Return this form via:**

* **email to** **ghad@qld.gov.au**

OR

* mail to ‘Attention Manager, Guide, Hearing and Assistance Dogs Team’

Department of Child Safety, Seniors and Disability Services
Locked Bag 3405
Brisbane QLD 4001

**For further information:**

Phone: 13 74 68

TTY: 133 677

Email: ghad@qld.gov.au

Postal: Locked Bag 3405, Brisbane QLD 4001

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