



Attachment 6

6.6 WORKING WITH CHILDREN BACKGROUND CHECK REQUEST

This form is used by the **organisation/employer** seeking a Working With Children background check.

I certify that (please tick):

- I am a representative of the employer engaging the individual(s) listed below and have the authority to submit their name and details to the certified Approved Screening Agency, with which my organisation is registered, for the Working With Children background check;
- I have completed the form, *Is the position child-related employment?* for the position(s) listed below and have determined that a background check is required;
- Information in relation to the background checking process has been provided to all individuals whose names are submitted;
- All individuals have consented to these checks using the Working with Children Background Check consent form;
- I have verified the identity of all individuals whose names are submitted for background checking as required by the 100 point check and retained copies of identification documents for my records. (*The Working With Children Guidelines* provide information on how to accurately identify preferred applicants); and
- this request is made only for preferred applicants to a position that I am seeking to fill.

All fields must be completed in **BLOCK LETTERS** for the check to be processed.

Name (block letters) _____

Signature _____

Position _____ Date _____

EMPLOYER DETAILS:

Employer/Organisation Name	
Employer ID Number	ABN
Relevant contact person	
Telephone number	Fax number
Contact Email	
Number of requests	Total number of pages

Family Name _____

Given name(s) _____

Previous names/aliases _____

Date of birth _____ Gender (Please tick) Male Female

Place of birth (**city, state, country**) _____

Identifying document type (eg drivers licence/passport) _____

Identifying document number: _____

Address _____

Suburb/Town _____ State _____ Postcode _____

Contact telephone number _____ Contact Email _____

Title of position applied for _____

Short-term employee (ie being employed for a period of less than six months) (Please tick) Yes No

Type of position (Please tick) Paid employee Religious leader/spiritual official of a religion Foster carer

Family Name _____

Given name(s) _____

Previous names/aliases _____

Date of birth _____ Gender (Please tick) Male Female

Place of birth (**city, state, country**) _____

Identifying document type (eg drivers licence/passport) _____

Identifying document number: _____

Address _____

Suburb/Town _____ State _____ Postcode _____

Contact telephone number _____ Contact Email _____

Title of position applied for _____

Short-term employee (ie being employed for a period of less than six months) (Please tick) Yes No

Type of position (Please tick) Paid employee Religious leader/spiritual official of a religion Foster carer

Family Name _____

Given name(s) _____

Previous names/aliases _____

Date of birth _____ Gender (Please tick) Male Female

Place of birth (**city, state, country**) _____

Identifying document type (eg drivers licence/passport) _____

Identifying document number: _____

Address _____

Suburb/Town _____ State _____ Postcode _____

Contact telephone number _____ Contact Email _____

Title of position applied for _____

Short-term employee (ie being employed for a period of less than six months) (Please tick) Yes No

Type of position (Please tick) Paid employee Religious leader/spiritual official of a religion Foster carer

Family Name _____

Given name(s) _____

Previous names/aliases _____

Date of birth _____ Gender (Please tick) Male Female

Place of birth (**city, state, country**) _____

Identifying document type (eg drivers licence/passport) _____

Identifying document number: _____

Address _____

Suburb/Town _____ State _____ Postcode _____

Contact telephone number _____ Contact Email _____

Title of position applied for _____

Short-term employee (ie being employed for a period of less than six months) (Please tick) Yes No

Type of position (Please tick) Paid employee Religious leader/spiritual official of a religion Foster carer

Family Name _____

Given name(s) _____

Previous names/aliases _____

Date of birth _____ Gender (Please tick) Male Female

Place of birth (**city, state, country**) _____

Identifying document type (eg drivers licence/passport) _____

Identifying document number: _____

Address _____

Suburb/Town _____ State _____ Postcode _____

Contact telephone number _____ Contact Email _____

Title of position applied for _____

Short-term employee (ie being employed for a period of less than six months) (Please tick) Yes No

Type of position (Please tick) Paid employee Religious leader/spiritual official of a religion Foster carer

The information provided may be used for monitoring and auditing compliance with the procedures and standards for the Working With Children Check in accordance with Section 36(1)(f) of the *Commission for Children and Young People Act 1998*.

NOTE: This form is to be forwarded to: The Manager
 Ethics, Child Protection and Employment Screening
 NSW Sport & Recreation
 Locked Bag 1422
 SILVERWATER NSW 2128

OR Faxed to 02 9006 3900

NOTE: To conduct a Background Check only this form is forwarded to NSW Sport and Recreation. The Prohibited Employment Declaration and Background Check Consent Forms are retained by you in a secure location.