

## Completing the Criminal Convictions Form

### Note for **individuals** completing the form

#### What do I fill out on the form?

**Complete checklist for individuals** – your form will not be processed without the accompanying checklist.

#### **Section 1:**

Please complete this section.

Please note the 'third party' referred to, is the Department of Corrections, who you are releasing the information to.

#### **Section 2:**

You are not required to complete this section. The Department will complete this.

#### **Section 3:**

Please complete this section and make sure that you attach an enlarged photocopy of the relevant identification.

#### **Section 4:**

Please complete this section only if you do not have a drivers licence or passport.

#### Who do I send this form to?

Please return this form to the **person at Corrections** who gave it to you.

**Please do not send this form directly to the Ministry of Justice.**

# Checklist for **Individuals** completing Criminal Conviction Check Form



I have signed and dated **section one** of the form.



I have NOT filled in **section two** but have left it for the relevant Corrections person to complete.



I have completed **section three** and ensured it is legible and my date of birth is clear.



I have attached an **enlarged, legible copy** of my driver licence or passport. Alternatively, I had section four filled in by someone who can verify my identity.



I am returning the criminal check form to the person at Corrections who gave it to me – **NOT** sending it directly to the Ministry of Justice.

Name

Signature

Date

dd

mm

yyyy

**RETURN THIS FORM TO THE  
DEPARTMENT OF CORRECTIONS**



**To be processed as:**

- Emergency    **Recruitment check for:**  
 Urgent         Probation Officer  
 Standard       Corrections Officer

Privacy Unit  
Ministry of Justice

**For Office Use Only**

**MoJ Request Number**

**REQUEST BY THIRD PARTY UNDER THE TERMS OF SECTION 19 SUBSECTION(3) OF THE CRIMINAL RECORDS (CLEAN SLATE) ACT 2004 FOR A COPY OF AN INDIVIDUAL'S CRIMINAL CONVICTIONS HELD ON THE MINISTRY OF JUSTICE'S COMPUTER SYSTEMS**

**SECTION 1: SUBJECT'S AUTHORITY TO RELEASE INFORMATION TO A THIRD PARTY**

I hereby authorise the Privacy Unit, Ministry of Justice, to release a copy of my personal information, to the undersigned Third Party, for the purpose of:

Pre-employment vetting

Other (specify)

Signature of subject and date

**X**

**X**

I wish to receive a copy of the information provided to the Third party.    Yes / No

**SECTION 2: THIRD PARTY DETAILS**

**Third Party Name Details**

Full Name of Third Party

Full name and address of the person or agency the third party is acting for (if applicable)

Third Party Reference Number (if applicable)

**Third Party Address Details**

P.O. Box or Street Address

Suburb

City

State / Province

Post Code

Country

I declare that this request is made under the terms of Section 19 Subsection(3) of the Criminal Records (Clean Slate) Act 2004.

Signature of Third Party

**X**

Name of Third Party

Designated Position

Approved return fax number

*The term "subject" refers to the person whose criminal convictions is being requested.*

*The term "third party" refers to the requestor or ultimate intended recipient, such as an employer, insurance company, credit agency et cetera.*

*The Ministry of Justice will process this request as soon as is reasonably practicable, and in any case no later than 20 working days from receipt of this application.*

*This application and associated letters and reports will be disposed of three months after processing the response.*

**SECTION 3: SUBJECT'S DETAILS (Please print in pen)**

**Priv/F3**

**Personal Details**

Surname	First Name	Middle Names (separate by comma)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (DD/MM/YYYY)	Place of Birth	Gender (Male / Female)
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Previous Names - Maiden Name, Aliases**

Surname	First Name	Middle Names (separate by comma)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Postal Address**

P.O. Box or Street Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
State / Province	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>

**Current Residential Address**

Street Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
State / Province	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>
Daytime Phone Number	<input type="text"/>
Home Phone Number	<input type="text"/>
Fax Number	<input type="text"/>

**Previous Two Residential Addresses**

Street Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
State / Province	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>

Street Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
State / Province	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>

**SECTION 3: SUBJECT'S DETAILS (continued)**

**Priv/F3**

**Subject's Identification**

Please attach a photocopy of the subject's identification. The identification may be a Driver Licence OR if subject does not hold a driver licence, a Passport. If subject has neither, the subject will need to complete Section 4.

Driver Licence

Passport

**SECTION 4: PROOF OF IDENTITY**

**ONLY TO BE COMPLETED IF SUBJECT DOES NOT HAVE A DRIVER LICENCE OR PASSPORT**  
*Subject to ask someone who can confirm their identity to fill in this section*

The person who identifies subject must:

- have known subject for more than 12 months
- be aged 18 years or over
- have a day time phone number
- not be a relative
- not live at the same address
- be contactable during normal business hours

Surname

First Name

Middle Names (separate by comma)

Street Address

Daytime Phone Number

Suburb

Home Phone Number

City

State / Province

Fax Number

Post Code

Country

I declare that I have personally known:

Surname

First Name

Middle Names (separate by comma)

Signature of identifier

for  years and vouch for his/her identity

**X**

If subject is unable to get someone to complete Section 4, they must complete a statutory declaration. The relevant form can be obtained from the local District Court or by contacting the Privacy Unit on 04 918 8800.