



VICTORIA POLICE

## Victoria Police Work Experience Program 2019

### Fingerprinting Information

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If you are offered a placement within the Victoria Police Work Experience Program it is a requirement that students undergo a National Police Records Check with Victoria Police, which includes fingerprinting. This will aid in the determination of the student's ultimate suitability to undertake work experience with Victoria Police. Until fingerprinting is completed placements will not be finalised.

If you are successful in obtaining a work experience placement, you will receive further information at a later stage which will detail the procedure to have your fingerprints taken. At the conclusion of your placement with Victoria Police, your fingerprints and other records relating to the taking of fingerprints for the purpose of your placement will be destroyed.

This document contains the following consent forms:

- Consent to Check Records
- Consent for Vehicle Travel
- Deed of Confidentiality
- Statement of Consent and Privacy Notifications

These forms must be completed by the student and the parent/ guardian and must also be submitted in order for the student's application for work experience to be considered.

# Victoria Police Work Experience Program Consent to Check Records



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## Student name:

Family Name:	Given Names:
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## Student previous or alternative names:

Family Name:	Given Names:
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## Student date of birth (dd/mm/yyyy):

___ / ___ / _____	Place of Birth:
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## Student address:

Current Residential Address:	
Suburb:	Postcode:
Student's Phone Number:	

### Statement of Consent

I hereby consent to a check of the criminal or other records kept by the Victoria Police relating to any convictions, findings of guilt without conviction or other information recorded against my name, including details of any matters found proven but adjourned on a good behaviour bond, any matters still outstanding against me and any other matters, relating to convictions or not, which may be deemed to be relevant either in Victoria or elsewhere.

### Privacy Notifications

*(Please ensure that you read and fully understand each of the following statements)*

- You will be able to make application for access to any information gathered by Victoria Police in the course of processing your application for work experience, should you wish to do so.
- The information obtained by Victoria Police will not be provided to any other person or organisation without your consent or as provided for under the protection of the *Information Privacy Act 2000* and *Health Records Act 2001*.
- Failure to provide all personal information requested will result in the cancellation of an application.

Print Name:	Print Name:
Signature of Student:	Signature of Parent / Guardian:
Date: ___ / ___ / ___	Date: ___ / ___ / ___

# Victoria Police Work Experience Program Consent for Vehicle Travel



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I understand that students undertaking work experience with Victoria Police may from time to time be required to travel in police vehicles.

I also understand that the Victoria Police Work Experience Program places clear constraints upon members in regard to carrying students in police vehicles. No vehicle carrying a student will attend a critical incident, and students will at no time be 'dropped off' with instruction to find their own way back to the work location at which they are placed.

I give consent for (insert full name of student) \_\_\_\_\_ to travel with members in police vehicles if and when required in the course of their work experience placement with Victoria Police.

Full name:	Signature of Parent / Guardian:
Date: ___ / ___ / ___	Relationship to student (parent / guardian):

**Victoria Police Work  
Experience Program  
Deed of Confidentiality**



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I, \_\_\_\_\_ (full name of student) of

\_\_\_\_\_ (Address)

**HEREBY UNDERTAKE** to preserve and maintain secret and confidential information relating directly or indirectly to the internal operations, practices and affairs of the Victoria Police to which I may be given access by the Victoria Police and not to disclose, divulge, or release to any person, firm, corporation or government authority or department any such information whether verbal, in writing, computer recorded or otherwise **AND I ACKNOWLEDGE** that this Deed shall remain in force notwithstanding the termination of my placement with the Victoria Police.

**DATE:** \_\_\_ / \_\_\_ / \_\_\_

**SIGNED, SEALED AND DELIVERED**

By the said

Name of Student:	Signature of Student:
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In the presence of:

Name of Witness:	Signature of Witness:
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# Victoria Police Work Experience Program Statement of Consent and Privacy Notifications



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## Statement of Consent

Please ensure that you read and fully understand each of the following statements.

- I consent to having my fingerprints taken and compared with those recorded on the National Automated Fingerprint Identification System Register or other records kept by Victoria Police.
- I further consent to Victoria Police conducting checks of criminal or other records kept by Victoria Police, other agencies, other police services or law enforcement agencies, whether State, Commonwealth or International. Without limitation these may include:
  - any convictions;
  - findings of guilt without conviction;
  - details of any matters found proven but adjourned on a good behaviour bond;
  - any matters or information still outstanding against me or recorded against my name; and
  - any other matters, whether of a criminal nature or otherwise.
- I further consent to Victoria Police gaining access to, obtaining, using or disclosing any information relating to me, including information of a personal nature, for the purpose of processing my application for a student work experience placement and to make an assessment of my suitability.

## Privacy Notifications

Please ensure that you read and fully understand each of the following statements.

- You may make application for access to any information gathered by Victoria Police in the course of processing your application for student work experience placement, should you wish to do so.
- The information obtained by Victoria Police will not be provided to any other person or organisation without your consent or as provided for under the protection of the *Information Privacy Act 2000*.
- At the conclusion of your placement with Victoria Police, your fingerprints and other records relating to the taking of fingerprints for the purpose of your placement will be destroyed.

I [FULL NAME] \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

of [ADDRESS] \_\_\_\_\_

make application for a student work experience placement with Victoria Police. I acknowledge that I have read the Statement of Consent and Privacy Notifications and accept them as conditions of my application for a student work experience placement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: A parent or legal guardian must also sign this application and acknowledgment if the person is under 18 years of age.

I [FULL NAME] \_\_\_\_\_

of [ADDRESS] \_\_\_\_\_

being the parent/legal guardian\* of the above person consent to the terms and conditions of this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_