

# National Police Checking Service (NPCS) proof of identity (special provisions) for Aboriginal and Torres Strait Islander people

This form is to be used by an Applicant who is an Aboriginal and Torres Strait Islander Person unable to satisfy the Minimum Identity Requirements contained in the Informed Consent Form.

## Background

The Taxi Services Commission (TSC) is collecting your personal information in this form in order to submit a request for a National Police History Check (NPHC) on your behalf and to receive the results of this check. The TSC does this through a contractual arrangement with CrimTrac – the government agency responsible for criminal history record checking. The TSC is an Accredited Organisation and has contractual arrangements with CrimTrac to collect personal information on its behalf in order to submit a NPHC for an individual who is seeking accreditation or a licence under the *Transport (Compliance and Miscellaneous) Act 1983* and related Regulations or a driving instructor authority under the Road Safety Act 1986 and related Regulations. The TSC will use the results of your NPHC to determine your suitability for the accreditation, licence or authority indicated in Section 4 of the TSC Informed Consent Form.

The TSC wishes to ensure that indigenous persons are not discriminated against or unfairly disadvantaged. This includes understanding that some Aboriginal and Torres Strait Islander People will not have traditional forms of identification because:

1. their birth was never registered;
2. they reside in a remote community;
3. no bills in their own name;
4. they have no personal bank account; and/or
5. their documents were lost due to fire, theft or natural disaster and they have been unable to obtain replacements

## Authorised referee (community leader)

This form must be signed by an **Authorised Referee**. An **Authorised Referee** includes:

- Chairperson, Secretary or CEO of an incorporated Indigenous organisation (including land councils, community councils, housing organisations etc.),
- A person who is recognised by the members of the Community to be a Community Elder,
- A member of the staff of the Aboriginal and Torres Strait Islander Commission,
- Community Development Employment Projects Coordinator,
- School Principal,
- School Counsellor,
- Minister of Religion,
- Treating Health Professional or Manager in Aboriginal Medical Services,
- A Government employee of at least 5 years.

The Authorised Referee must:

- know the Applicant or be able to confirm the Applicant's Identity from records;
- be part of the community from which the Applicant comes (i.e. either works or lives in that community); and
- cannot have known the Applicant for a short time or be part of their immediate family (e.g. parents, grandparents, siblings, children or grandchildren).

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## Section 1: Personal Information

Surname  
(Current)

First Name  
(Current)

Other names used or been known by (e.g. name at birth, nickname, maiden name, previous married name, Aboriginal or Tribal name, alias):

Date of Birth

### Place of Birth

Suburb/Town

State/Territory

Country

### Permanent Residential Address Over Last Five Years

If full details are unavailable, include as much information as possible.

Number/Street

Suburb/Town

State/Territory

Postcode

Applicant's Signature/Mark

Date

**IMPORTANT: On completion of this form, please print and sign and date by hand  
Please complete SECTION 2 on the following page.**

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## Section 2: Statement by Authorised Referee

I confirm that:

- the Applicant has signed this in my presence; or
- the Applicant is currently   Kms  Hours
- away and I have identified them as the person named in Section 1 by my personal knowledge of their circumstances;
- I am an Authorised Referee (as listed above); and
- All the names I am aware of that the Applicant has been known by are included in Section 1; and
- I have known the Applicant:  Professionally  Personally for  years
- I can confirm the Applicant's personal information from:
  - Personal Knowledge  Organisation Records  School Records
  - Church Records  Council Records  Medical Records

Other (please specify)

I also understand that it is a serious offence to provide false or misleading information on this form.

### Authorised Referee's Signature

Date

Print Name:

Title or Official Position

Name of Organisation or Department

ABN (if applicable)

Issued By

Phone Number

Work Number

**IMPORTANT: On completion of this form, please print and sign and date by hand**

Seal/Stamp

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