

REQUEST FOR CRIMINAL RECORD CHECK



SCHOOL ADMINISTRATIVE AND SUPPORT STAFF

Please Note: A criminal records check will not be conducted unless the Application for Relief Employment and Declaration by Applicant forms are attached.

School	Code	District
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Section 1 - Name of Applicant

Surname: _____ Given Name(s) _____

Date of Birth: ____/____/____

Section 2 – Contact Officer

Name: _____ Position: _____

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Contact Number: _____

Fax: _____

Signature: _____ Date: ____/____/____

Please fax to: School Staffing Unit, NSW Department of Education and Training

Staffing Team 5 – Fax 98369613

Section 3 – Result of application (to be faxed to contact officer)

Approved Declined For Employment

Signed _____ (for Leader, School Administrative and Support Staff)

Office Use Only

List Number:

H:/PC/Anke/Forms/Request for Criminal Record Check-SASS