



EMPLOYER REQUEST FOR BACKGROUND CHECK

An easier way? Complete this form online at check.kids.nsw.gov.au

Employer Details:

Employer name: _____

Employer ID: _____ Employer ABN: _____

Contact person: _____

Phone: _____ Fax: _____

Email: _____

Persons being checked:

Family name: _____	Given name(s): _____
Family name: _____	Given name(s): _____
Family name: _____	Given name(s): _____
Family name: _____	Given name(s): _____
Family name: _____	Given name(s): _____
Family name: _____	Given name(s): _____
Family name: _____	Given name(s): _____
Family name: _____	Given name(s): _____
Family name: _____	Given name(s): _____
Family name: _____	Given name(s): _____

I certify that:

- I am a representative of the employer engaging the individual(s) listed above and have the authority to submit their name and details for the Working With Children background check;
- My organisation has provided information in relation to the background checking process to all individuals whose names are submitted;
- All individuals have consented to these checks using the Working With Children Check Consent and Declaration form;
- I have verified the identity of all individuals whose names are submitted for background checking as required by the Working With Children Employer Guidelines; and
- I am requesting the Working With Children background check only for the preferred applicants for positions being newly filled. I am not requesting a check for existing employees remaining in their jobs.

My name: _____ My position: _____

Signature: _____

Date: _____

What should I do next?

Please send this form and Page 1 of the Applicant Declaration and Consent form for each person to be checked, or the NSW Working With Children Check Adult Household Member Consent form, whichever is applicable, to your Approved Screening Agency. You may also submit these details using your Approved Screening Agency's on-line processes. You may also wish to retain a copy for your records.