



EMPLOYER REQUEST FOR BACKGROUND CHECK

I certify that (please tick):

- I am a representative of the employer engaging the individual(s) listed below 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 **Applicant Declaration and Consent** 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.

Name of Authorised Person: _____

Signature: _____

Position: _____ Date: _____

All fields must be completed for the check to be processed. Please use block letters.

EMPLOYER DETAILS

Employer name: _____

Employer ID number: _____ ABN: _____

Relevant contact person: _____

Telephone number: _____ Fax number: _____

Contact Email: _____

Number of requests: _____ Total number of pages: _____

NOTE: Please send this form and the Applicant Declaration and Consent form for each person to be checked to your Approved Screening Agency. You may also submit these details using your Approved Screening Agency's on-line processes.

NAMES OF PERSONS SUBMITTED FOR CHECKING IN THE ATTACHMENTS

UNLESS SUBMITTING BY SPREADSHEET

FAMILY NAME	FIRST AND OTHER GIVEN NAMES

Contact details: NSW Department of Education and Training (public education sector)
Fax 9836 9222, Email esumail@bkesu.det.nsw.edu.au