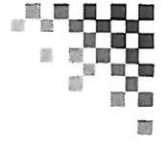




QUEENSLAND POLICE SERVICE

NZDF Personnel Service History Records



01b/08

CONSENT AND AUTHORITY FOR THE RELEASE AND DELIVERY OF INFORMATION TO THE QUEENSLAND POLICE SERVICE RELEASE AND WAIVE ALL RIGHTS, SUITS OR CLAIMS

AUTHORITY: Police Service Administration Act 1990 Sections 4.8(1), (2)(e), (3) and 5.2(2) and Part 5AA

I, _____
acknowledge that I have applied for appointment as a police recruit in the Queensland Police Service and correctly completed the Assessment of Suitability Form. I further acknowledge that in taking the necessary steps to assess my suitability for appointment as a police officer, the Queensland Police Service is required to give consideration to matters set out in Section 5.2(2) and (5) of the *Police Service Administration Act 1990* which provides that a decision to appoint a person as a police recruit must be made by fair and equitable procedures on the basis of merit of applicants and that merit includes an assessment of my physical and mental fitness to perform the duties.

To determine my merit for appointment as a police recruit, I hereby consent and authorise the release and delivery of information to the Queensland Police Service in respect to my medical records/history, pursuant to Section 5.2(2) and (5) of the Police Service Administration Act 1990, during my service with the:

Royal New Zealand Air Force
Royal New Zealand Army

(Delete services not applicable)

Further, I hereby release and waive all rights, actions, suits or claims which may prevent, or arise from (whether directly or indirectly) the release and delivery of such information to the Queensland Police Service and the use of such information by the Queensland Police Service in the determination of my merit for appointment as a police recruit. And this release and waiver may be pleaded in bar to any action, claim, suit or proceedings, commenced or now taken or which hereinafter may be taken by me in any jurisdiction against the said:

Royal New Zealand Air Force
Royal New Zealand Army

(Delete services not applicable)

with respect to the release and delivery of such information to the Queensland Police Service or the use of such information by the Queensland Police Service in the determination of my merit for appointment as a police recruit.

FULLNAME: _____

PLACE OF BIRTH: _____ BIRTH DATE: _____

DATE OF ENLISTMENT: _____ DATE OF DISCHARGE: _____

CURRENT POSTING: _____ REGIMENT / SERVICE NUMBER _____

CONTACT DETAILS FOR MEDICAL HISTORY / RECORDS
(Person / Position Title, Full Postal Address & Phone Number): _____

SIGNATURE: _____ DATE: _____

NAME OF WITNESS: _____ SIGNATURE: _____

QPS COLLECTION STATEMENT

The collection of this information is authorised by legislation or Queensland Police Service (QPS) policy established under the *Police Service Administration Act (Qld) 1990* and the *Police Powers and Responsibilities Act (Qld) 2000*. The information may be used to assist in performing the statutory functions and responsibilities of the QPS, primarily in this instance, but not limited to, assisting personnel purposes. The QPS may disclose some or all of this information to other State and Federal Government agencies as provided for by legislation or in accordance with the Queensland Government's Privacy Policy.