Disclosure Consent Form (Consent to access and disclosure of information by Victoria Police)

Instructions (Please read carefully)...

- Completion of this form will:
 - o provide informed consent for Victoria Police to make enquiries and disclose probity related information about you, to the requesting agency; and
 - waive any legal claim or right regarding the Victoria Police access and disclosure of such information.
- The enquiries and advice to the requesting agency may differ, depending on the individual circumstances.
- The form must be fully and accurately completed. If you have any doubts about completing this form or the purpose or use of this form, you should seek appropriate assistance and advice. The provision of false, incomplete, incorrect or misleading information may constitute an offence.
- You should disclose any disciplinary enquiry or process, for which you have been the subject, regardless of the significance or outcome. This includes any matters which have been described as "unfounded", "insufficient evidence", "unable to determine", "conciliated", "not proven", "resolved", "not resolved" etc.
- Steps are taken to maintain the security and confidentiality of information.
- This form must be sent to Victoria Police, by the requesting agency, with a completed "Request for Victoria Police Information" form.
- The requesting agency must confirm your identity prior to forwarding this form to Victoria Police.

INFORMATION DISCLOSURE CONSENT			
I, (Full name in BLOCK letters)			
Of (Address in BLOCK letters)			
 □ have read the instructions above. □ provide my informed consent for Victoria Police to access information about me, including any disciplinary action, conviction, finding of guilt, pending court proceeding or traffic offence and disclose probity related information to the requesting agency. □ have / □ have not been the subject of a Victoria Police criminal or disciplinary investigation 			
If you have, please provide details			
advise that, to the best of my knowledge and belief, the information in this form is accurate and complete.			
Signature:		Date:	
WITNESS DETAILS			
Signature:			
Name:		Date:	
Address:		Postcode:	