



Self Disclosure Form

To be completed by all applicants for employment with the ACT Public Service (ACTPS)

The ACTPS must take appropriate steps to be assured that any applicant for employment is a fit and proper person. This form must be used to self disclose incidents, factors, police records or any other information that may be relevant in determining your suitability to work within the ACTPS and with a wide range of clients who receive services through the ACTPS including children and young people, persons with a disability or clients potentially at risk. Applicants should be aware that the ACTPS may also access information from referees, past employers and police records.

Failure to adequately disclose relevant information may result in denial or termination of registration for casual employment, and/or cancellation of any offer of contract or permanent employment.

Signing of this form also consents to the collection of further information relating to any disclosed matter or to your general suitability. Referees and other information sources will be contacted at the discretion of the department initiating your engagement. It is the applicant's responsibility to disclose to the relevant ACTPS Department any subsequent incidents, factors or criminal history records that may affect suitability to work within the ACTPS or the clients of the ACTPS.

I have no matters to disclose.

Signature of Applicant:Date:/...../.....

Please print name:.....

OR

I wish to disclose the following matters:

Signature of Applicant:Date:/...../.....

Please print name:.....

If space is not sufficient, please attach additional sheet and sign it too.

This form requests information about you which will be held securely by the ACTPS. This information is collected as a lawful administrative function of the ACTPS and will be used for the assessment of your suitability for employment with the ACTPS only.