**APPLICATION FOR A NEW/RENEWED TECHNICIAN CERTIFICATE**

**Requirements BEFORE you lodge this application with the Commission**

1. As part of the application process an applicant is required to undergo fingerprinting through the Australian Federal Police (AFP).
2. Applicants must also complete and submit to the AFP a National Police Check Application Form available from the AFP website: http://www.afp.gov.au/what-we-do/police-checks/national-policechecks.aspx. The code number for insertion on the AFP form is 30 and the mailing address for thepolice certificate should be noted as:

## ACT Gambling & Racing Commission

## GPO Box 158

## CANBERRA ACT 2601

## Before completing this Application form please read the following instructions carefully

1. Type or print in blue or black ink an answer to **every** question.
2. If a question does not apply to you or there is nothing to disclose insert “N/A” in response to that question.
3. ANY QUESTION NOT ANSWERED OR LEFT BLANK WILL RESULT IN THE APPLICATION FORM BEING RETURNED TO THE APPLICANT.
4. If the space available is insufficient please supply the additional information on an attachment page and precede each answer with the title applicable to that question (eg. Marital Information).
5. All dates should be completed in the form Day/Month/Year.
6. Ensure ALL required attachments (refer to table below) are enclosed with your application form.

***An application NOT accompanied by ALL of the required attachments and the correct application fee is considered incomplete and will be returned to the applicant.***

Upon completion of the above requirements, you then lodge this application form with the Commission together with all other documentation/material detailed in the table below:

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| The following must be submitted WITH a new application |
| * a fully completed Statutory Declaration in relation to an Eligible Person (see Attachment to

application)* a written statement from each approved supplier/employer stating that the applicant is competent to perform the functions of a technician and is employed or has offered to employ the applicant as an Approved Technician
* if applicant is applying for a certificate in respect of their own business a written statement is to be submitted to this effect
* a record of appointment for fingerprinting with the AFP
* a certified copy of the applicant’s full birth certificate (not an extract) or current passport
* a certified copy of another form of identification eg. driver’s licence
* an original or certified copy of the applicant’s consumer credit report (not an extract) dated within 1 month of lodging an application. Reports may take a minimum of 10 working days to process and can be obtained from VEDA ADVANTAGE http://www.mycreditfile.com.au or DUN & BRADSTREET http://www.dnbcreditreport.com.au).
* if applicant’s name has changed, certified copies of supporting documentation such as a deed poll or marriage certificate
* four (4) recent passport photographs with applicant’s name clearly printed on the back
* if born overseas, certified proof of Australian Citizenship, permanent residency or visa documentation permitting applicant to live/work in Australia
* if not an Australian Citizen, an applicant must provide a certified copy of a current police criminal

check from their country of origin if they have resided in Australia for less than 5 years |

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| SECTION 1 – Details of Applicant |
| Surname (enter text) |
| Given Name/s (enter text) |
| Other Names *(aliases, nicknames, former names, maiden names)* (enter text) |
| Date of Birth (enter text) |
| Contact Number (enter text) |
| Email Address (enter text) |
| Have you previously been issued with an Approved Technician Certificate in the ACT?[ ]  Yes [ ]  No |
| If so, please specify the supplier/s: |

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| SECTION 2 – Details of Supplier/Employer |

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| Name of Supplier/Employer | Contact Number  |
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| SECTION 3 – Residence Information List *all* addresses at which you have been a resident during the last 5 years. (account for all periods – dates MUST be continuous. Include any period of no fixed-address and state a reason e.g. travel) |

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| Address | From  | To |
| **Present Address** (enter text) |  |  |
| **Previous Address/s** (enter text) |  |  |
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| SECTION 5 – Employment History List all your work history, both full and part time, and if applicable all periods of unemployment, schools attended and all businesses with which you have been involved during the last 5 years. Account for all periods – dates MUST be continuous. |

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| From | To | Employer | Occupation |
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| SECTION 6 – Records of Offences and Civil Claims |
| Have you ever held an employment related licence in any industry (such as liquor, real estate agent, second hand dealer etc.) that has been withdrawn by you, refused, cancelled, revoked, suspended or had any conditions been placed on the licence as a result of disciplinary proceedings or otherwise?[ ]  Yes [ ]  No |
| If yes, please describe (enter text) |
| Do you have reason to believe that a criminal prosecution, civil matter or proceedings against you may be pending?[ ]  Yes [ ]  No |
| If yes, please describe (enter text) |
| In the last 5 years have you been bankrupt, subject to a personal insolvency agreement, had a civil judgement or court order in relation to financial matters returned against you? (centrelink payments, child support etc.)[ ]  Yes [ ]  No |
| If yes, please describe (enter text) |
| In the last 5 years have you been involved in the management of a corporation when it either became the subject of a winding-up order, or an administrator was appointed? [ ]  Yes [ ]  No |
| If yes, please describe (enter text) |

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| SECTION 7 – DeclarationRead carefully before signing |
| I, *(name)*Declare that;1. I am the person identified in this form;
2. I have personally completed this form or have supplied all the information indicated herein;
3. there has been full disclosure of any relevant circumstance and the information in this application is correct;
4. the details of convictions, findings of guilt, or prosecutions pending in the last 5 years, whether in the ACT or elsewhere, of an offence are as provided in this form;
5. the details of any bankruptcy or payment arrangement with creditors in the last 5 years are as provided in this form;
6. the details in the last 5 years during which I was involved in the management of any corporation when it became the subject of a winding-up order or had a controller or administrator appointed, are as provided this form
7. I have requested the Australian Federal Police to check my criminal record using my fingerprints and have authorised them to report the results of the check to the ACT Gambling and Racing Commission.
8. I authorise the ACT Gambling and Racing Commission to use the results of the AFP check for the purposes of the *Casino Control Act 2006*.

Signed:Date: |

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| SECTION 8 – AuthorisationRead carefully before signing |
| To: All courts, probation departments, employers - current and previous, educational institutions, legal practitioners, banks, financial and other institutions, all agencies - Federal, State and Local, both foreign and domestic and to whomsoever else this authorisation may be duly presented.I, *(name)*hereby authorise the ACT Gambling and Racing Commission ("the Commission") and the Australian Federal Police ("the Police") to conduct investigations into my background for the purpose of assessing my suitability to obtain or maintain a casino employee licence under the provisions of the *Casino Control Act 2006.*I HEREBY AUTHORISE the Commission and the Police to access, inspect and obtain copies of1. any credit report, other report, legal or personal information derived from those reports that has any bearing on my credit worthiness, credit history, credit standing or credit capacity
2. any loan information, cheque account records, savings deposit records, safe deposit box records, passbook records and bank statement sheets pertaining to me.
3. any records relating to investigations of my activities conducted by any State, Territory, Federal or overseas police force, crime investigation agencies, corporate regulatory agencies or any gaming or casino regulatory authorities
4. any court records relating to any present or past civil or criminal court proceedings to which I am or was a party; and
5. any other document, record or correspondence pertaining to me.

You are HEREBY AUTHORISED to release to the Commission or the Police all the documents, reports, records and information requested by them.*The purpose for which this Authorisation has been given is to satisfy Schedule 1, Territory Privacy Principle 3.3 of the Information Privacy Act 2014 which provides that a public sector agency may only collect sensitive information when the individual concerned consents to the collection and the information is reasonably necessary for, or directly related to, one or more of the agency’s functions****.***Signed:Date: |

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| LODGEMENT AND PAYMENT METHODS |
| This form should be lodged via the Access Canberra website or email to gaming.operations@act.gov.au Payment may be made by direct deposit or credit card via this link: <https://form.act.gov.au/smartforms/servlet/SmartForm.html?formCode=1009-gaming> Please note that the licence fee is GST exempt. Once this application is submitted to the ACT Gambling and Racing Commission the application fee is non-refundable.The prescribed fee is available on the Commission’s web site at [www.gamblingandracing.act.gov.au](http://www.gamblingandracing.act.gov.au)Alternatively, you can contact the Commission on 02 6207 2343 for more information. |