



Authorised Person Application Form

Completed forms to be sent to:
Alcohol and Other Drugs Program
Department of Health and Community Services
PO Box 40596
CASUARINA NT

Ph: (08) 8999 2691
Fax: (08) 8999 2420



Volatile Substance Abuse Prevention Act 2005

Personal Information

If you need more space, please write clearly on additional A4 pages and attach them to this application.

Community/Location you are applying for		
Last name (Family name)		
First name	Middle names	
Are you known by any other names?		
Date of Birth	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	State	Post Code
Postal address	State	Post Code
Telephone (Home)	(Work)	Other Contact Number(s)
Where were you born?		
Occupation	Employer	
Are you: <input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> de facto	Do you have any children?	



Medical Information

Do you suffer from any hearing problems?	<input type="checkbox"/> NO <input type="checkbox"/> YES - describe:
Do you suffer from any vision problems?	<input type="checkbox"/> NO <input type="checkbox"/> YES – describe:
Do you suffer from any physical disabilities?	<input type="checkbox"/> NO <input type="checkbox"/> YES - describe:
Do you suffer from any other health problems? E.g., heart disease, kidney disease, diabetes, asthma, high blood pressure, etc?	<input type="checkbox"/> NO <input type="checkbox"/> YES - describe:
Height: cm
Weight: Kg



NORTHERN TERRITORY OF AUSTRALIA
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Education/Qualifications

Provide copies of certificates etc. if available

Highest education level (Completed & Passed)	
Last school attended:	
Further studies undertaken:	
Other skills:	
Driver's Licence	State/Territory: Number: Expiry Date:
Current First Aid Certificate:	<input type="checkbox"/> NO <input type="checkbox"/> YES Expiry Date:
Typing/Computer Certificate:	<input type="checkbox"/> NO <input type="checkbox"/> YES Date of attainment:



NORTHERN TERRITORY OF AUSTRALIA
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Employment History
(Previous 5 years)

Occupation	Employer	Period of Service
		/ / to / /
		/ / to / /
		/ / to / /
		/ / to / /
		/ / to / /



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Referees

Details of two adult persons who have known you for two or more years and who are not relatives:

Referee 1	
Name:	Phone:
Address:	

Referee 2	
Name:	Phone:
Address:	



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Consent

To the best of my knowledge and belief the information contained in this application is true and correct in every detail and I consent to the Assessment Panel and/or the Northern Territory Police Force obtaining references from the persons nominated as my referees.

Signature of Applicant

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Date

Important Notice

Please attach to this *Application Form*: your completed *Consent And Authority To Undertake Background Enquiries* form and three (3) photographs of you together with photocopies of all other relevant documents e.g.:

- a) Evidence of age,
- b) Current drivers' licence and etc.

Incomplete application forms will not be considered.