



NSW DEPARTMENT OF CORRECTIVE SERVICES

**CRIMINAL RECORD INQUIRY
DISCLOSURE AUTHORITY**

I, _____
 First Name (print) Middle Name(s) (print) Surname (print)

hereby authorise the NSW Department of Corrective Services to provide the results of my Criminal Record Inquiry to the person nominated below for employment screening purposes. **The person nominated must be an executive member of the applicant's employer or sponsoring organisation.**

Name of Nominated Person (print):

Position of Nominated Person (print):

Employer / Sponsoring Organisation (print):

.....

Applicant's Signature: _____

Name (print): _____

Date: _____

The witness must be an executive member of the applicant's employer or sponsoring organisation.

Witness' Signature: _____

Name (print): _____

Date: _____